

THE FUNCTIONING OF NUCLEAR FAMILIES AFFECTED BY ALCOHOL ABUSE OF A FATHER: THE VIEWS OF SOCIAL WORKERS

By

JANELLE KÜHN



Thesis presented in fulfilment of the requirements for the degree of Master of
Social Work in the Faculty of Arts and Social Sciences at the University of
Stellenbosch.

SUPERVISOR: DR I SLABBERT

MARCH 2016

This study is dedicated to my family
2014-2015

DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that the reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it at any university for obtaining any qualification.

Date: March 2016

Copyright © 2016 University of Stellenbosch

All rights reserved

OPSOMMING

Alkohol is 'n algemene afhanklikheidsvormende middel onder volwassenes en tieners, maar kom egter die mees algemene voor onder die mans in 'n huishouding. In hierdie studie is die oorsaak, effekte en gevolge van alkoholmisbruik deur 'n pa van 'n gesin ondersoek en die navorser kon bepaal wat die mees algemene faktore is wat kan aanleiding gee tot individuele alkoholmisbruik deur die vader asook hoe hierdie verskynsel die gesin in die algemeen kan affekteer.

In hierdie betrokke studie is onderhoude met met 20 maatskaplike werkers in die Wes-Kaap gevoer. Hierdie maatskaplike werkers het ondervinding van dienslewering binne die veld van alkoholmisbruik, maar veral ook van dienslewering aan gesinne waar die ouers van alkohol misbruik maak. Hierdie maatskaplike werkers is ook ervare ten opsigte van die algemene effekte wat alkoholmisbruik deur 'n ouer op die gesin het.

'n Kombinasie van die kwalitatiewe - en kwantitatiewe navorsingsbenadering is in hierdie studie benut. 'n Kombinasie van die verkennende - en beskrywende navorsingsontwerp is verder gebruik en het gedien as raamwerk vir die implementering van die navorsingsbenadering.

'n Doelgerigte steekproef van twintig maatskaplike werkers is saamgestel en data is ingesamel deur middel van semi-gestruktureerde onderhoude nadat 'n loodsstudie geïmplementeer is om eerstens die metingsinstrument op slegs een maatskaplike werker te toets en die nodige wysigings aan te bring waar nodig.

Twee literatuurstudies word in hierdie studie aangebied. Hierdie literatuurstudies fokus op die voorkoms en aard van alkoholmisbruik deur vaders in gesinne en spesifiek hoe hierdie alkoholmisbruik die funksionering van gesinne raak met die klem op alkoholmisbruik deur die vader soos deur die sisteemteoretiese perspektief aangedui. Die doel van hierdie twee literatuurstudies soos in hoofstukke twee en drie opgeteken, was om die eerste twee doelwitte van die studie te bereik, wat handel oor die begrip vir en die beskrywing van alkoholmisbruik deur 'n pa, asook die impak van hierdie gedrag op die maatskaplike funksionering van die nukleêre gesin.

Hoofstuk vier is 'n aanbieding van die empiriese studie. Data wat ingesamel is, is aangebied en ontleed in ooreenstemming met die literatuurstudie. Data is voorts geanaliseer deur 'n kwalitatiewe analise en aangebied volgens geïdentifiseerde temas, subtemas en kategorieë. Relevante tabelle, figure en deelnemerbeskrywings is benut om die ontleding van data te staaf.

Hoofstuk vyf bied 'n oorsig van die gevolgtrekkings en aanbevelings in terme van die bevindinge van hierdie studie soos gebaseer op die menings van maatskaplike werkers oor die sosiale funksionering van 'n gesin waar alkohol deur die vaderfiguur misbruik word.

SUMMARY

Alcohol is a common substance for abuse among adults and teenagers, but most of all among the men in a household. In this study, the cause, effects and outcome of alcohol abuse by a father within a family were investigated and the researcher could identify the most common factors leading to individual alcohol abuse and how this behaviour eventually affects the family in general.

In this study interviews were conducted with 20 social workers in the Western Cape who all have experience in service rendering in the field of alcohol abuse and specifically with regard to the general effects of alcohol abuse by a parent within the nuclear family.

A combination of the qualitative – and the quantitative research approach was selected for this study. Furthermore, a combination of the exploratory - and descriptive research design was utilized as the framework for the implementation of the research approach.

A purposive sample of twenty social workers was compiled, and data was collected through the means of semi-structured interviews following a pilot study to test the measurement instrument with only one social worker. The necessary changes were made to the measure instrument.

Two literature studies are presented in this study, focusing on the prevalence and nature of alcohol abuse by fathers in nuclear families as well as the functioning of nuclear families affected by alcohol abuse by the father from a systems theory- perspective. These chapters two and three serve to achieve the first two objectives of this study. These two objectives deal with the understanding and description of the prevalence and nature of alcohol abuse by a father and the impact of this behaviour on the social functioning of the nuclear family.

Chapter four is a presentation of the empirical study. Collected data was presented and analysed in accordance with the literature study. Data was analysed, through qualitative analysis and was presented according to identified themes, sub-themes and categories. Relevant tables, figures and participant narratives were used to further substantiate the analysis of data.

Chapter five gives an overview of conclusions and recommendations, in terms of the views of social workers on the social functioning of a family where alcohol abuse of a father is present, in light of the empirical study and data analysis.

ACKNOWLEDGEMENTS

First and foremost all thanks to God for giving me the opportunity to further my studies and for providing the time and strength needed in order to complete this research study.

In full gratitude I acknowledge the following individuals who encouraged, inspired, supported, assisted, and sacrificed themselves to help my pursuit of a high education degree:

- Dr I Slabbert for her positive and constructive responses to my emails at all times, and for editing relentlessly, and leading me towards the smart path;
- Dr H von Schlicht for undertaking the technical care of this document so efficiently;
- My close family - my father, mother and my sister for supporting me emotionally and mentally when necessary and during many moments of doubt;
- My extended family members, my dear friend, Leonie van der Berg, my colleague/friend, Jaendri Smith and all my friends in Shofar Wellington for supporting me.

Without this support, encouragement, and dedication to assist me, this study would not have been possible.

Jeremiah 29:11

“For I know the plans I have for you, declares the Lord, plans to prosper you and not to harm you, *plans to give you hope and a future.*”

TABLE OF CONTENTS

THE FUNCTIONING OF NUCLEAR FAMILIES AFFECTED BY ALCOHOL ABUSE OF A FATHER: THE VIEWS OF SOCIAL WORKERS

	Page
CHAPTER ONE: INTRODUCTION	1
1.1 INTRODUCTION AND MOTIVATION TO THE STUDY	1
1.2 PROBLEM STATEMENT AND FOCUS	6
1.3 GOAL FORMULATION	7
1.3.1 Goal	8
1.3.2 Objectives	8
1.4 THEORETICAL POINT OF DEPARTURE	8
1.5 KEY CONCEPTS	9
1.5.1 Alcohol Abuse	9
1.5.2 Alcoholic	10
1.5.3 Nuclear Family	10
1.5.4 Family	11
1.5.5 System	12
1.5.6 Social worker	12
1.6 RESEARCH METHODOLOGY	13
1.6.1 Literature review	13
1.6.2 Research Approach	13
1.6.3 Research Design	14
1.6.4 Research population and sample	16
1.6.5 Data Collection instrument	17
1.6.6 Pilot Study	19
1.6.7 Data Analysis	19
1.6.7.1 Tesch's generic steps to analyse data	20

	Page
1.6.7.2 Methods of data verification	21
1.6.7.2.1 Credibility	21
1.6.7.2.2 Transferability	21
1.6.7.2.3 Dependability	22
1.7 ETHICAL CONSIDERATION	22
1.7.1 Researcher integrity	23
1.7.2 Informed consent	23
1.7.3 Avoiding harm	23
1.7.4 Confidentiality and anonymity	24
1.8 LIMITATIONS OF THE STUDY	24
1.9 CHAPTER LAYOUT	25

CHAPTER 2: THE PREVALENCE AND NATURE OF ALCOHOL ABUSE OF FATHERS IN NUCLEAR FAMILIES

26

2.1 INTRODUCTION	26
2.2 A BRIEF SUMMARY OF THE HISTORY OF SUBSTANCE ABUSE	26
2.2.1 Classifications of drugs	28
2.2.1.1 Depressants	29
2.2.1.2 Stimulants	30
2.2.1.3 Opioids	30
2.2.1.4 Hallucinogens	31
2.2.1.5 Cannabis	31
2.2.1.6 Inhalants and Volatile Substances	31
2.3 FACTORS CONTRIBUTING TO ALCOHOL ABUSE	32
2.3.1 Genetic Factors	33
2.3.2 Environmental Factors	34
2.3.3 Psychological Factors	35
2.3.3.1 Stress	36
2.3.3.2 Self-esteem	36
2.3.3.3 Mood enhancements	36

2.4	THE EFFECT OF ALCOHOL ABUSE	37
2.4.1	Biological effects	38
2.4.1.1	Heart	39
2.4.1.2	Liver	39
2.4.1.3	Cancer	40
2.4.1.3.1	Breast Cancer	40
2.4.1.3.2	Head and Neck Cancer	40
2.4.1.3.3	Liver Cancer	40
2.4.1.3.4	Lung Cancer	41
2.4.1.4	Stroke	41
2.4.2	Economic effects	41
2.4.3	Effects on the family	42
2.4.3.1	Psychological harm on family and children	43
2.4.3.2	Parenting skills	44
2.4.3.3	Identity Development of Erikson (Louw & Louw 2007: 20)	46
2.4.3.3.1	First stage: Basic trust versus Basic mistrust (0 – 1 years)	47
2.4.3.3.2	Second stage: Autonomy versus Shame and Doubt (2 – 3 years)	47
2.4.3.3.3	Third stage: Initiative versus Guilt (4 – 5 years)	48
2.4.3.3.4	Fourth stage: Industry versus Inferiority (6 – 12 years)	49
2.4.3.3.5	Fifth stage: Identity versus Role confusion (adolescents: 13 – 18 years)	49
2.4.3.3.6	Sixth stage: Intimacy versus Isolation 19 -35 years)	50
2.4.3.3.7	Seventh stage: Generativity versus Stagnation (36 – 59 years)	50
2.4.3.3.8	Eighth stage: Integrity versus Despair (60 years plus)	51
2.5	PHASES/PROCESS OF ADDICTION	51
2.5.1	Pre-alcoholic phase	51
2.5.2	Prodromal phase	52
2.5.3	Critic phase	52
2.5.4	Chronic phase	53
2.6	MODELS OF ADDICTION	53
2.6.1	Disease model	53
2.6.2	Moral model	54
2.6.3	Psychological model	54

2.6.4	Socio-cultural model	55
2.6.5	Bio-psychosocial model	56
2.7	CONCLUSION	56

CHAPTER 3: THE FUNCTIONING OF NUCLEAR FAMILIES AFFECTED BY ALCOHOL ABUSE OF A FATHER FROM A SYSTEMS THEORY PERSPECTIVE

57

3.1	INTRODUCTION	57
3.2	THE SYSTEMS THEORY PERSPECTIVE	57
3.2.1	Background to the Systems theory	57
3.2.1.1	The nature of the family systems theory	59
3.3	THE SYSTEMS THEORY PERSPECTIVE WITHIN THE NUCLEAR FAMILY	61
3.3.1	Bowen's family Systems	61
3.3.1.1	Triangles	63
3.3.1.2	Differentiation of self	64
3.3.1.3	The nuclear family emotional system	65
3.3.1.4	Family projection process	66
3.3.1.5	Multi-generational transmission process	67
3.3.1.6	Emotional cut-off	67
3.3.1.7	Sibling position	68
3.3.1.8	Societal emotional process	69
3.4	THE NUCLEAR FAMILY	70
3.4.1	Conceptualizing a nuclear family	71
3.4.2	The functioning of the nuclear family	73
3.4.3	The functioning of the nuclear family where alcohol is abused	74
3.5	CONCLUSION	76

CHAPTER 4: EMPIRICAL INVESTIGATION ON THE VIEWS OF SOCIAL WORKERS PERTAINING TO THE FUNCTIONING OF NUCLEAR FAMILIES AFFECTED BY ALCOHOL ABUSE BY A FATHER	78
4.1 INTRODUCTION	78
SECTION A: RESEARCH METHOD	78
4.2 PREPARATION FOR THE INVESTIGATION	78
4.2.1 Pilot study	78
4.2.2 Research sample	79
4.2.3 Research approach and design	80
4.2.4 Data gathering and analysis	80
SECTION B: EXPOSITION OF EMPIRICAL FINDINGS	81
4.3 THEMES, SUB-THEMES AND CATEGORIES	81
SECTION C: PROFILE OF PARTICIPANTS	83
4.4 THEME 1: PROFILE OF PARTICIPANTS	83
4.4.1 Sub-theme 1.1: Years of experience	85
4.4.2 Sub-theme 1.2: Type of service provider	86
4.4.3 Sub-theme 1.3: Core business of the participants	87
4.4.4 Sub-theme 1.4: Average caseload per month	88
4.4.5 Sub-theme 1.5: Percentage clients affected by alcohol abuse by fathers	89
SECTION D: THE ALCOHOL ABUSE CONTEXT	91
4.5 THEME 2: ALCOHOL ABUSE CONTEXT	91
4.5.1 Sub-theme 2.1: Status of alcohol abuse in South Africa	91
4.5.1.1 Category: Problem in South Africa	92
4.5.2 Sub-theme 2.2: Social problems related to alcohol abuse	94
SECTION E: FACTORS CONTRIBUTING TO ALCOHOL ABUSE	96
4.6 THEME 3: FACTORS LEADING TO ALCOHOL ABUSE	96
4.6.1 Sub-theme 3.1: Genetic influences	97
4.6.2 Sub-theme 3.2: Environmental influences	99
4.6.2.1 Category: Peer pressure	101
4.6.3 Sub-theme 3.3: Psychological influences	101
4.6.4 Sub-theme 3.4: Other	102
4.6.4.1 Category: Cultural	103

4.6.4.2	Category: Bio-psychosocial	103
SECTION F: EFFECT OF ALCOHOL ABUSE		104
4.7	THEME 4: EFFECT OF ALCOHOL ABUSE	104
4.7.1	Sub-theme 4.1: Family	105
4.7.1.1	Category: Physical and emotional abuse	106
4.7.1.2	Category: Family Roles	107
4.7.1.3	Category: Decrease of income	108
4.7.2	Sub-theme 4.2: Children	109
4.7.2.1	Category: Neglect	109
4.7.2.2	Category: Emotional and physical abuse of children	111
4.7.2.3	Category: Behavioural problems at school	112
4.7.3	Sub-theme 4.3: Parenting skills	114
4.7.3.1	Category: Poor role models	114
4.7.4	Sub-theme 4.4: Marital relationship	115
4.7.4.1	Category: Domestic violence	115
4.7.4.2	Category: Marital Conflict	115
4.7.4.3	Category: Divorce	116
SECTION G: SYSTEMS THEORY PERSPECTIVE		118
4.8	THEME 5: SYSTEMS THEORY	118
4.8.1	Sub-theme 5.1: Effect of alcohol abuse in systems theory	119
4.8.1.1	Category: The dysfunctioning of families affected by alcohol abused.	119
SECTION H: SOCIAL WORK IN ALCOHOL ABUSE		121
4.9	THEME 6: SOCIAL WORK AND ALCOHOL ABUSE	122
4.9.1	Sub-theme 6.1: Experience of social workers	122
4.9.2	Sub-theme 6.2: Role of social workers in alcohol abuse	123
4.9.2.1	Category: Supporting families and alcoholics.	123
4.9.2.2	Category: Encouraging rehabilitation.	125
4.9.2.3	Category: Implementing prevention programs.	126
4.10	CONCLUSION	129
CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS		130
5.1	INTRODUCTION	130

5.2	CONCLUSIONS AND RECOMMENDATIONS	133
5.2.1	Profile of participants	131
5.2.2	Alcohol Abuse context	132
5.2.3	Factors leading to alcohol abuse	133
5.2.4	Effect of alcohol abuse	134
5.2.5	Systems Theory	135
5.2.6	Social work in Alcohol Abuse	136
5.3.	RECOMMENDATION FOR FURTHER RESEARCH	138
5.4	CONCLUSIONS	139

BIBLIOGRAPHY	141
---------------------	-----

LIST OF ANNEXURES

ANNEXURE A: Semi-Structured interview schedule	149
ANNEXURE B: Informed consent form	156
ANNEXURE C: Toestemming om deel te neem aan navorsing	159
ANNEXURE D: DESC letter of approval	162
ANNEXURE E: Consent from organisation	163

LIST OF TABLES

4.1	Themes, sub-themes and categories	82
4.2	Profile of the participants	83
4.3	Common factors leading to alcohol abuse	97

LIST OF FIGURES

4.1	Number of year's work experience	85
4.2	Type of service provider	86
4.3	Core business of participants	87
4.4	Average caseload per month	88
4.5	Percentage of clients affected by alcohol abuse by a father	90

CHAPTER ONE

INTRODUCTION

1.1 Introduction and motivation to the study

The effect of alcohol abuse is devastating on society, communities, the family and individuals. Most newspapers report on accidents or related incidents as a result of alcohol abuse (Ellis, Stein, Thomas and Meintjies, 2012:16). In South Africa the estimated weight of deaths as a result of alcohol abuse in 2000 was 7.1%. Ellis et al. (2012:16) conducted a study where the cause of alcohol-attributable disability was ranked. Alcohol abuse was ranked first (44.6%), interpersonal violence second (23.2%), and fetal alcohol syndrome (FAS) third (18.1%). As indicated in this study, alcohol abuse is more prevalent in causing disabilities than interpersonal violence and FAS. The same authors go further and indicate that at the time of this study, alcohol abuse in South Africa was about 40% among men and 16% among women which was lower than the levels of alcohol abuse reported in other developing countries. Furthermore the South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey (SABSSM 11) highlighted that the highest rates of binge drinkers among men were found in the Western Cape with a percentage of 24% (Ellis et al., 2012:18, 20).

According to a study that was conducted by Harker, Kadar, Myers, Fakier and Parry (2000:7-8) alcohol in the Western Cape continued to be the most frequently abused substance. Household surveys in this regard indicate that the prevalence of lifetime alcohol use in the Western Cape ranged from 39% to 64% and the prevalence of risky drinking or problematic use among drinker's in households ranged from 9% to 34%, depending on the instruments used to assess problem drinking. Alcohol abuse has been and remains a major problem in the Western Cape, with findings from national household surveys reflecting higher prevalence rates for risky drinking in the Western Cape Province relative to the other provinces. Compared to other provinces, the Western Cape has the highest prevalence of risky drinking (16%), followed by the North West Province (13%) and the Northern Cape (12%). The remaining six provinces had risky drinking prevalence rates below 10%.

The South African Stress and Health study conducted between 2002 and 2004 found that, compared to the other provinces, the Western Cape had the second highest (7.1%) incidence of alcohol use disorder and the highest (18.5%) lifetime prevalence of alcohol use disorder. Furthermore, the South African Demographic and Health survey reported that of the nine provinces, the Western Cape has the highest lifetime prevalence (70.3%) and highest past 12 month (55.1%) use of alcohol among males (Harker et al., 2000:8).

Research indicates that in the Cape Wine regions, workers on the wine producing farms used to be provided with alcohol instead of wages and as recently as 1998, some farms in the area still provided workers with alcohol as part of their conditions of service. This practice is illegal, as it promotes the excessive and ongoing use of alcohol as a functional norm. Alcohol was the main primary substance of abuse across all provinces in South Africa in 2005 and those figures indicated that over 50% of all admissions for treatment to specialist treatment centres were for alcohol abuse and associated problems (Austin, Bezuidenhout, du Plessis, Jordan, Lake, Nel, Phillay, Ure, Visser, von Krosigk, & Vorster, 2009:326).

In agreement to what the above mentioned authors (Austin et al., 2009) said, Pithey and Morojele (2002:13) conducted a survey among farm workers in the Stellenbosch area (Western Cape province) and it showed that many of the workers were living in poor socio-economic conditions. Even though employment rates were high, wages were low and the “dop” system was still in use on 15% of the farms involved with this survey. The overall rate of alcohol use was especially of concern with 56% of the sample being current drinkers (76% of men and 34% of women). The most common forms of alcohol were wine and beer, both of which were consumed in large quantities and mainly over weekends.

Alcohol abuse according to Butcher, Mineka and Hooley (2010:383) is a maladaptive pattern of drinking, leading to clinically significant impairment or distress. It leads to a recurrent use of alcohol resulting in a failure to fulfil major role obligations at work, school, or home. In addition regular use of alcohol also occurs in situations in which it is physically hazardous, for example driving an automobile or operating a machine when impaired by alcohol use. Clark (2002:757) states that alcohol abuse also leads to serious health problems, criminal activity, automobile crashes, and lost productivity in the workplace.

Being part of a family of alcohol abuse, subjects all members of such a household to constantly experience stress and fears of various kinds. This scenario has often been referred to as a “family illness.” To one degree or another, all members of the family are affected. Families where alcohol abuse is present are oftentimes painful to live in, which is why those who live with alcohol abuse may become traumatized to varying degrees by this experience. Broad swings, from one end of the emotional, psychological and behavioural spectrum to the other, all too often characterize the addicted family system. Living with alcohol abuse can put family members under unusual stress. Normal routines are constantly being interrupted by unexpected or even frightening kinds of experiences that are part of living with alcohol abuse (Dayton, 2012:1; Freeman & Parry, 2006).

Research conducted by Turning Point (2006:12) interviewed families who have been living with alcohol abuse. They have found that both parents and children argued that alcohol abuse and disharmony can affect their normal family life and everyday activities. Family outings and occasions such as birthdays, and family holidays may either be completely forgotten or seen as the cause of increased stress and anxiety; either because the alcohol abusive parent is not present or ruins the occasion by being there. Alcohol abuse can thus have an effect on the family such as the non-alcoholic family members to have a fear of the alcohol abuser and stress because they can never predict the behaviour of the alcohol abusing parent. If the family members of an alcohol abuser is physically residing in the same residence, there is a higher probability that the person abusing alcohol in the family is the father. The majority of intact alcohol abusive homes, therefore, have a higher chance of only one spouse being an alcohol abuser, and this spouse is usually the father (Brandell, 2011; Freeman & Parry, 2006; Turning Points, 2006:12).

According to research conducted by Peltzer, Davids and Njuho (2011:30) 41.5% of men and 17.1% of women involved with this study confirmed their current use of alcohol at the time of this study. White men (69.8%) were most likely and Indian/Asian women (15.2%) least likely to be current drinkers. Harker et al. (2000:8-9) report that the prevalence of lifetime alcohol abuse is higher amongst males than females. Confirming the fore mentioned, the 2003/4 South African Demographic and Health Survey reported prevalence rates for alcohol consumption of 70.3% for males and 39.2% for females over the age of 15. Austin, et al. (2009:326) mentions

that alcohol abuse mostly occurs between the adult male population of 30 and 50 years of age. It is also evident that the above mentioned authors (Harker et al., 2000) agree that alcohol abuse occurs more in adult males than in females.

A father has several roles to be fulfilled in order for a family to function normally. The roles of a father are typically those of a guide, protector, provider (breadwinner), teacher, a playmate, companion (to his wife), and a supporter to his whole family. Alcohol abuse seriously hampers these roles (Allen & Daly, 2002:1). The Integrated Service Delivery Model (2006:20) identified the following core services that are rendered to clients: promotion and prevention services, rehabilitation services, protection services, continuing care services and mental health and addiction services. All of these could be applied to families where the father has an alcohol problem as alcohol abuse poses a major threat to family's general well-being.

Pithey and Morojele (2002:9) mention that despite the shortage of comprehensive data on alcohol consumption and accompanying problems in South Africa, there is evidence to suggest that alcohol abuse is widespread in this country. Consumption of alcohol as such is not problematic. Of great concern, however, is the evidence that suggests that large numbers of South Africans do not use alcohol in a responsible way.

Botha and Booysen (2013:2) state that the well-being of families are vital in ensuring optimal individual performance and productivity, which serve to improve individual well-being. Family functioning is also a multidimensional concept that refers to how family members interact with each other and work together to achieve common family goals and outcomes. Since family functioning in general denotes relational processes, family functioning is concerned with the processes by which a family attains its various functions, such as emotional and economic support.

A family system is often governed by rules that are followed in a subconscious manner but which are reflected in predictable patterns. Rules can be specific to different people in the family. For example, a father might have the rule that you must be the best at whatever you do, while a mother might have the rule that you must be modest and never look better than others. This can create tremendous inner conflict as the individual tries to follow both rules. Parents

learn rules from their own families-of-origin and may pass these down to their own children (Banmen, 2001:1; Brandell, 2011: 3 - 18). Goldenberg and Goldenberg (2013:204) agree that a family system conceptualizes the family as an emotional unit, a network of interlocking relationships, best understood when analysed within a multigenerational or historical framework. Several authors (Botha & Booysen, 2013:2; Goldenberg & Goldenberg, 2013:204) agree that a well-functioning family has rules that govern their everyday life as well as supporting each other emotionally.

In view of the fore mentioned the following paragraphs will discuss how alcohol abuse by a parent affects the functioning of the family. The rules governing families characterized by alcohol abuse are usually to go along with the family member who attempts to promote an outwardly peaceful atmosphere. These family members normally store tensions over a period time while a member is drinking excessively. Tensions are released and suppressed emotions are voiced during times of sobriety. Family members become angry at the drinker. The drinking episode provides a temporary shift in the stable pattern of communication in the family. The drinker becomes repentant and promises good behaviour in the future (Goldenberg & Goldenberg, 2013:204).

According to research conducted at the Texas Woman University (2012:12) families of alcohol abuse tend to be chaotic and unpredictable and when there are rules that apply one day, it does not apply the next, promises are neither kept nor remembered, expectations vary from one day to the next and parents may be strict at times and indifferent at others. Family members are usually expected to keep problems a secret, thus preventing anyone from seeking help.

Co-dependency is seen as the primary disease in every member of an alcoholic family, which is often worse than alcoholism itself. Co-dependency has its own appearances and is a treatable diagnostic category. It is also an emotional and behavioural pattern of interactive coping resulting from ones protracted exposure to a restrictive environment that does not allow the open or direct expression of feelings about oneself or other family members. Co-dependency develops whenever there is suffering or dysfunction that is associated with or results from focusing on the needs and behaviours of others. Co-dependency often occurs in nuclear families where a family member abuses alcohol and other members develop unhealthy patterns to deal

with the drinking (Fisher & Harrison, 2013:240). Being in a family where alcohol is abused, the non-alcoholic members will often keep their relative's alcohol abuse a secret in order to protect their name and identity. Being co-dependent in an alcoholic family implies that one will consider the other person's feelings and not your own feelings in order to protect the identity of your household (Texas Woman University, 2012:12; Fisher & Harrison, 2013:240).

In the light of above mentioned it seems clear that alcohol abuse specifically by the father figure, poses serious challenges to society at large as well as to families involved. It would benefit the social work profession to gain a better understanding of the functioning of nuclear families affected by an alcoholic father in order to effectively address this issue.

In order to gain a better understanding of the functioning of the nuclear family, the systems theory perspective and Bowen's family systems theory will be presented. The systems theory represents the family and the nature of the family's functioning as a whole. When alcohol is being abused within a family, the nuclear family tends to struggle with social functioning. This theory could be helpful in order to better understand the dysfunctional family.

For the purpose of this study, when the empirical data is presented in chapter four, the male gender form will be used for both the male and female genders.

1.2 Problem statement and focus

According to Bwisa (2008:2), a problem statement is the description of an issue currently existing which needs to be addressed. It provides the context for the research study and generates the questions which the research aims to answer. Coyle, Nochajski, Maguin, Safyer, De Wit and Macdonald (2009:39) states that a problem statement is usually applied to social or community concerns or research-oriented proposals. A good problem statement according to Bwisa (2008:5) originates from a research question formulated out of observation of the reality, a study of previous experiments and research done previously.

The World Health Organisation (WHO) (2004:61) stated that the effect of a man's drinking on other family members is often particularly visible on the woman in her role as a mother or wife/girlfriend of the drinker. As alcohol abuse continues to destructively impact families of

alcoholics, at the same time it remains a vital part of all of those who are concerned with alcohol abuse by a father. Currently there exists initial but limited research on the effects of fathers abusing alcohol and how it affects their families. The most studies conducted, were about males who abuse alcohol as was mentioned in paragraph 1.1 (WHO: 2004).

Research (Harker et al., 2000:22) indicates a gap in the literature regarding general knowledge on alcohol abuse. This gap relates specifically to the limited information on the prevalence of alcohol and drug use and in particular on the prevalence of untreated substance abuse in the Western Cape as well as its effect on families. The reason for the study is because there seems to be limited information on alcohol abuse and how it affects families as mentioned in above statement. There is also a lack of information on social workers' views on how the social functioning of families are affected by alcohol abuse by a father.

The problem statement in this study is as follows:

In the light of the for mentioned apparent insufficient literature and research on the views of social workers pertaining to the impact of alcohol abusing fathers on the nuclear family, efficient service rendering by social workers may be negatively affected. This study there for focusses on the views of social workers regarding fathers abusing alcohol and how it impacts the social functioning of the nuclear family.

Eventually certain recommendations will be made that may be utilised when social work services are rendered in this field.

1.3 Goal formulation

A goal according to De Vos, Strydom, Fouché and Delport (2011:94) is the broader and long-term abstract conception of something which one plans to do or achieve. When formulating goals, one should keep into consideration the following steps: Develop goals related to the vision and strategic issues, generate strategy alternatives, consider barriers to implementation, consider implementation details, select and adopt strategies, and draft the planning report.

1.3.1 Goal

The goal for this study is:

To gain an understanding of the views of social workers on the functioning of nuclear families affected by alcohol abuse of a father.

1.3.2 Objectives

Objectives of this research study are as follow:

- To explain the prevalence and nature of alcohol abuse of fathers in nuclear families;
- To describe the functioning of nuclear families affected by alcohol abuse of a father from a systems theory perspective;
- To investigate the understanding of social workers on the functioning of nuclear families affected by alcohol abuse of a father;
- To make recommendations for social work practice and future research concerning alcohol abuse among fathers in nuclear families.

1.4 Theoretical point of departure

The theoretical framework chosen for this study is the systems theory. According to Brandell (2011:3) the systems theory is a way of elaborating increasingly complex systems across a continuum that encompasses the person-in-environment. The systems theory also enables an understanding of the components and dynamics of client systems in order to interpret problems and develop balanced intervention strategies, keeping in mind the enhancement of the “*goodness of fit*” between individuals and their environments. Systems theory does not specify particular theoretical frameworks for understanding problems, and it does not direct the social worker to specific intervention strategies.

The systems theory is furthermore a theoretical framework that explains how elements acting in concert produce some results. The systems theory questions the very nature of the system and its role in the context of the larger system. When applying the systems theory, the question raised is what the purpose for the existence of the system is and whether there is proper understanding of the system and its relationship to all other systems larger than and including itself. The systems theory is a way of investigating and a way of thinking, which emphasizes the whole system instead of focusing on only the individual within the system. The systems theory focuses on the effectiveness instead of improving the efficiency of nearby systems (Yawson 2013:56).

Laszlo and Krippner (1998:11) state that the systems theory attempts to view the world in terms of irreducibly integrated systems and focus its attention on the whole, as well as on the complex interrelationships. This way of perceiving a system is not an alternative, but rather a complement to the specialized way.

In conclusion it is clear that the systems theory not only focuses on one individual but focuses on the system as a whole, for example, not only the alcoholic father, but also the nuclear family as a whole and also looks at the relationships amongst the system as a whole. The aim of the systems theory according to Long and Young (2007:284) is to assess the system rather than the symptom bearer. During social work assessment of an alcoholic father, all family members should be involved. When using a systems framework according to Lamb (2009:487), the family is more perceived as a whole constituted by the sum of its parts (this including the alcoholic father, the wife/mother and their children), that is affected by a reciprocal pattern of influence between parts.

In this study the systems theory as a theoretical framework will contribute to a better understanding of the functioning and impact of the alcohol abusive father within the nuclear family.

1.5 Key Concepts

1.5.1 Alcohol abuse

Alcohol abuse according to Butcher et al. (2010:383) is a maladaptive pattern of drinking, leading to clinically significant impairment or distress. It leads to continuous use of alcohol resulting in a failure to fulfil major role obligations at work, school, or home as well as a regular use of alcohol in situations in which it is physically hazardous, for example driving an automobile or operating a machine when impaired by alcohol use.

Alcohol abuse refers to a user's experience of tolerance towards alcohol, withdrawal symptoms such as a severe need for alcohol, relief drinking to alleviate the withdrawal symptoms and loss of control or obsessive drinking, which is a convincing symptom of alcohol abuse. Alcohol abuse is also described as the consumption of alcohol, in such a manner that the well-being of

both the user and those with whom the user comes into contact with are endangered and harmed either by causing accidents or the alcohol user being physically abusive. Alcohol abuse is seen as a physical, psychological, social and spiritual illness and is conceptualized as a primary disease that is chronic, progressive and potentially fatal (Fisher & Harrison, 2013:139).

1.5.2 Alcoholic

An alcoholic is someone who recognizes that he/she has to stop drinking but cannot do so and is also a person whose drinking causes increasing problems in his/her personal life, physical health or work place. If a person has no ability to quit drinking entirely and has little to no control over his/her intake, the person is probably an alcoholic (Alcoholics Anonymous, 2001:44).

Alcoholics are people with a disease called Alcohol Abuse Disorder that can also be defined in medical terms and requires a proper regime of treatment. Alcoholics are addicted to alcohol and are unable to give up drinking. Alcohol abuse disorder is a pattern of psycho-active substance use that is causing both physical and mental damage to health. Alcoholics are recurrently and persistently pre-occupied with an urge to drink, an urge which sufficiently drives them to continue to drink despite the fact that because of their drinking they sustain substantial damage to their health and personal or business affairs. Amongst alcoholics, the development of both craving - and neuro-adaptation is observed, with either a tolerance or withdrawal outcome (National Collaborating Centre for Mental Health, 2011:19).

1.5.3 Nuclear Family

A nuclear family is a small unit consisting of a father, mother and offspring and by virtue of its irreducible size, it is the building block of all larger family systems. Within the nuclear family there is usually a durable relationship (marriage) between male and female and a continuing relationship between these two persons and their offspring. A nuclear family consists of two generations which are parents and children and can include a mother and her children or a couple with one child and a married couple with children. The nuclear family is also made up of the father, mother and children living together under one roof. In nuclear families, although individuals have more autonomy and freedom in making their own decisions, they also tend to

be burdened by the demands of a busy life, without the support and assistance of a big family (Guez & Allen, 2000:17; Fisher & Harrison, 2013).

The ideal family to be a nuclear one, according to Elliot (2008:1) is where parents raise children with little assistance or interference from extended family members. The nuclear family is a family that has no interference from members outside the family and consists of the father, mother and children. A family is also a unit that includes two married parents of opposite genders and their biological or adopted children living in the same residence. However, the term "nuclear family" may have a variety of meanings in the current social context. Understanding the classic roles in the nuclear family and how it is defined, can enhance insight regarding the relationships within a family, whether it is nuclear or not. Although there are different variations of the nuclear family in modern society, the purpose of this study will focus on the nuclear family that consists of a father, mother and children. The father or mother could be step parents.

1.5.4 Family

A family is seen as a complex and interactive social system in which all members' needs and experiences affect others (Lamb, Stewart & Kelly, 2009:487). A family has different meanings to different people. A family may go back several generations, several households, and may vary regarding responses to life events, such as divorce, remarriage and children leaving their parental home (Department of Prime Minister and Cabinet: Family impact information sheet no. 5, 2009).

Lamb et al. (2009) state that although the nuclear family is a unit consisting of two or more people who are related by blood, marriage or adoption and who live together, bearing and raising children, the extended family consists of more than just the husband, wife and kids and also includes extended family members such as grandparents, uncles, aunts and other related kin.

A family is a network of people who share their lives over a period of time and is bound by ties of marriage, blood or commitment as family sharing a significant history and anticipated future of functioning in a family relationship. A family can be regarded as a network of people/social

group characterized by common residence, economic cooperation and reproduction. It could include at least two cohabitating adults or parents of both sexes maintaining a socially approved sexual relationship and having one or more children, either their own or adopted (Lamb et al., 2009).

1.5.5 System

In the most basic definition, a system is a group of interacting components consisting of identifiable sets of relations with the sum of the components equalling more than the sum of the components. A system is a set of two or more interrelated elements with the following properties: each element has an effect on the functioning of the whole, each element is affected by at least one other element in the system and all possible subgroups of elements also have the first two properties (Laszlo & Krippner, 1998:8). In comparison to the above mentioned author, Potgieter (2010:54) further more states that a social system can be described as a unit of people who are connected through some form of relationship with one another in a particular context, space and time. A system also operates through rules that control everyday life and relationships between its parts and organizes itself into a whole that is more than the sum of its parts.

1.5.6 Social Worker

According to the White Paper (1997:24), a social worker is a professional person rendering social services with the aim of promoting the social functioning of individuals, families, groups and communities.

The National Association of Social Workers (NASW, 2011) states that social workers assist people by helping them to cope with issues in their everyday lives, deal with their relationships, and solve personal and family problems. Some social workers help clients who face a disability or a life-threatening disease or a social problem, such as inadequate housing, unemployment, or substance abuse. Social workers also assist families that have serious domestic conflicts, sometimes involving child or spousal abuse. Some social workers conduct research, advocate for improved services, engage in systems design or are involved in planning or policy development.

1.6 Research Methodology

1.6.1 Literature Review

There are different reasons why a researcher reviews literature and there are different strategies as well, depending on whether the study is qualitative or quantitative (De Vos et al., 2011: 133). Research is not one event. It is a process and therefore one needs to constantly review and search for new literature (De Vos et al., 2011:133). A literature review is an evaluative report of studies found in the literature related to the selected area. It is a discussion of the published information in a particular field of study (Easterby-Smith, 2011:2). Even though a literature review can be a summary of sources in the subject, more often it takes a critical, evaluative approach, indicating the relationships between the various writings and how they relate to the researcher's work (Boote & Beile, 2005: 3). It should give a theoretical basis for the involved research and help determining the nature of current research. In a literature review a selection of a limited number of works, central to the field of study rather than a large number of works that are not as closely connected to the topic area (Boote & Beile, 2005:3) should be collected.

Boote and Beile (2005:3) also state that in order to complete the literature review, the researcher will have to study previous studies in order to gain a better understanding of what is needed for the involved research. The literature review will serve as an explanation for why the research is being conducted, why it is necessary and why it is useful for future implementation. The literature review will also provide both the reader and researcher with a solid background of what is being studied within the current study.

1.6.2 Research approach

There are two well-known and recognised approaches to research, namely the qualitative and quantitative paradigms. The approach chosen for this study will be qualitative with elements of quantitative research with a phenomenological approach, because the researcher aims to understand and describe the views of social workers on the dynamics of family functioning in nuclear families affected by alcohol abuse of a father. The phenomenological approach seeks to “*explore, describe, and analyse the meaning of individual's lived experiences; how they perceive it, describe it, feel about it, judge it, remember it, make sense of it, and talk about it to others*” (De Vos et al., 2011:63).

De Vos et al. (2011:65) define qualitative research as research that focuses on describing and understanding rather than explaining or predicting human behaviour, naturalistic observations

rather than controlled measurements and the subjective exploration of reality from the perspective of an insider as opposed to the outsider perspective that is predominant in the quantitative paradigm. Once the research approach has been selected, the next step is to identify which research design would be most suitable. The researcher will begin with theory, because it is for most people the more problematic and confusing of the two, and then deal with using prior research for other purposes than as a source of theory.

1.6.3 Research design

De Vos et al. (2011:142) define a research design as a “*blueprint or detailed plan of how a research study is to be conducted*”. According to Creswell (2007:3), a research design consists of the plans and procedures for research that span the decision from broad assumptions to detailed methods of data collection and analysis. A research design should indicate the various approaches to be used in solving the research problem, sources and information related to the problem, time frame and the cost implications (Rajasekar, Philominathan, Chinnathambi, 2006:10).

The research design chosen for this research study is exploratory and descriptive in nature. De Vos et al. (2011: 316) describes phenomenology as a way to provide a description of human experiences as it is experienced by the participants and to understand the phenomena under study. The researcher aims to explore and describe as accurately as possible the phenomenon, which are the views of social workers on the dynamics of family functioning in nuclear families affected by alcohol abuse by a father.

According to Babbie (2010:92), exploratory studies are conducted for three purposes, namely, to satisfy the researcher’s curiosity and for the researcher to better understand the topic of discussion, to test the feasibility of undertaking the study and to develop the methods to be employed in the study.

Confirming the above mentioned, De Vos et al. (2011:95) also states that an exploratory design is also the design of choice when a problem has been identified but no literature exists on the topic. An exploratory design is also utilized to gain insight into a situation, phenomenon,

community or individual. The decision to use an exploratory design is frequently made when the researcher has no specific problem to study but is interested in a particular population or experience and when the research question poses a ‘WHAT’ question.

This study will be exploratory because it investigates the understanding of a problem that has not yet been focused on too sufficiently. By using an exploratory design, it will provide the researcher with an opportunity to better understand the views of social workers on the effects that alcoholic fathers have on the social functioning of the family system.

Descriptive study according to Babbie (2010:93-94) aims to observe and then describe what was observed. Researchers usually then proceed to examine why the observed patterns exist and what they imply. According to Reis and Judd (2000:70) descriptive research attempts to describe, explain and interpret conditions of the present, for example ‘*What is?*’ The purpose of descriptive research is to examine a phenomenon that is occurring at a specific place and time and is concerned with conditions, practices, structures, differences or existing relationships. Babbie (2010) agrees that descriptive research aims to observe and then describe a certain phenomenon.

The relation between the research design (explorative - and descriptive design) and the research approach (qualitative approach) is when both the design and the approach determine how the chosen method (semi-structured interviews – see paragraph 1.6.5 Data Collection) are applied to achieve the research objective.

In this study the researcher will observe and describe the views of social workers on the dynamics of family functioning in nuclear families affected by alcohol abuse of a father.

1.6.4 Research population and sample

A research population is described as “*the entire set of objects or people which is the focus of the research in which the researcher wants to determine some characteristics*” (Smith,

2011:98). Before deciding on a strategy for participant recruitment, the researcher needs to clearly define the study population. A clear definition of the study population is a prerequisite to determine who to recruit as well as how to recruit.

The study population is often defined a priority during the conceptual design of the study, and is typically defined by published literature, previous research and the nature of the research question (Hennik, Hutter and Bailey, 2011:85). However, the study population may also be refined or broadened once data collection begins and the researcher becomes more informed about the research issues and potential additions to the original population. Therefore, the study population identified at the onset may be refined as the study progresses (Hennik et al., 2011:85). De Vos et al. (2011:234) define a sample as taking a portion of a population and considering it representative of that population.

The population in this study will be all social workers who render services to families affected by alcohol abuse in the Western Cape. The sample will be drawn from this population. The sampling method for this study was purposive sampling which is part of the non-probability sampling method. Newman (2011:270) defines purposive sampling as a sample in which a researcher tries to find as many relevant cases as possible until time and financial resources are exhausted or until the availability of further new and relevant information or diversity relevant to the matter is exhausted. The principle is to gather data until the saturation point is reached. This requires the researcher to continuously evaluate the collected data in order to know when this is the case (De Vos et al., 2011: 234).

In this study, the researcher attempted to gain as much information as possible from the participants in order to obtain a thick description.

Criteria for inclusion are social workers:

- who have more than two year experience as a social worker;
- who have experience in the substance abuse field;
- who are employed by either a welfare organisation or in private practice;
- who are efficient in English and/or Afrikaans, and

- who are employed in the Western Cape.

When contacting the three organisations from which the sample was drawn, the researcher came into contact with the Regional Directors of the organisations and explained to them both the aim of the study and what kind of participants were needed in order to complete the study. The Regional Directors gave approval to the researcher in order to complete the research study.

In order to obtain the sample in this study, the researcher interviewed 20 participants representing three welfare organisations (5 ACVV branches in the Western Cape; Hesketh King Stellenbosch; Department of Social Development, Paarl and 4 private practices). All of these social workers have social work experience between 4 years en 21 years in rendering specialised services in the field of either alcohol or drug dependence and/or child and family welfare in the Cape Metropole.

1.6.5 Data collection

According to Creswell (2007:110), data collection is a series of interrelated activities aimed at gathering good information to answer the research questions. Six options for collecting data are available, namely questionnaires, interviews, focus groups, tests, observations and secondary data (Tashakkori & Teddlie, 2003:298).

In this study the researcher chose to make use of one-on-one interviews as the method of data collection as this was a meaningful way to obtain '*rich*' information formulated in the participants' own words. During the interviews a semi-structured schedule was used which allowed for the researcher to better understand the views of social workers on the dynamics of nuclear families functioning with an alcohol abusive father.

According to De Vos et al. (2011:351-352), researchers use semi-structured interviews in order to gain a detailed picture of a participant's beliefs about a particular topic. This method is more flexible for the researcher as well as the participants. De Vos et al. (2011:352) also state that semi-structured interviews are especially suitable when the researcher is particularly interested in the complexity of the phenomena, the process, or when an issue is controversial or personal.

To gather meaningful and ‘*rich*’ information, the researcher made use of both open-ended and close-ended questions (**See: Annexure A: Semi-structured interview questions**).

According to Newman (2011:86) open-ended questions are advantageous because an unlimited number of possible answers are permitted, adequate answers to complex issues are provided and such questions also provide the participant an opportunity to speak and explain in more detail regarding their responses. Open-ended questions also grant the researcher an opportunity to further explore matters that the researcher probably was unaware of and give the researcher an opportunity to explore the thoughts of the participants. Furthermore Newman (2011:87) states that open-ended questions allow respondents to answer in detail and to qualify and clarify responses, and open up opportunities for unanticipated findings to be discovered.

Disadvantages of open-ended questions according to De Vos et al. (2011:198) might be that the questionnaires may be too long and time-consuming to complete following that the participants may be tempted to leave notes incomplete, decreasing the value of data obtained from the questionnaire. When having to answer a large number of open-ended questions and coding the questions afterwards, it might also lengthen the time necessary for the processing of the data. The researcher attempted to keep the questionnaire as relevant as possible allowing the participants to provide as much relevant and valuable information as possible. A pilot study was executed to determine whether the relevant data can be obtained from the participants (**See pr. 1.6.6: Pilot Study**).

During the one-on-one interviews the researcher made use of a digital recorder with the participant’s permission. De Vos et al. (2011:359) mention that a tape recorder allows for a much more authentic record of information shared during an interview. The use of a tape recorder also allows the researcher to rather concentrate on the proceedings and to better plan the direction of the interview. The researcher informed the participants that a digital recorder will be used and that pseudo names will be used when transcribing the interviews.

1.6.6 Pilot study

A pilot study in qualitative research is usually informal, and a few participants possessing the same characteristics as those of the main investigation can be involved in the study, merely to ascertain certain trends (De Vos et al., 2011: 390). The purpose of a pilot study is to determine whether the relevant data can be obtained from the participants. A pilot study in qualitative research allows the researcher to focus on specific areas that may have been unclear previously or to test certain questions. And amongst other matters, a pilot study also assists in estimating the time and costs that may be involved, as well as pre-empting challenges that may arise during the actual interview (De Vos et al., 2011: 390).

The researcher used one additional participant who met the criteria for inclusion to execute the pilot study.

1.6.7 Data Analysis

According to De Vos et al. (2011:336,397) data analysis is the activity of making sense of, interpreting and theorizing data. Qualitative data analysis is first and foremost a process of inductive reasoning, thinking and theorising which certainly is far removed from structured, mechanical and technical procedures to make inferences from empirical data of social life. During the analysing of the data, the researcher did data reduction, presentation and interpretation (De Vos et al., 2011:336,397).

In data analysis the researcher infers, in other words pass judgment, use reasoning, and reach conclusion based on evidence, from the empirical details on social life. The researcher also strives to avoid errors, false conclusions, and misleading inferences. It is important to be vigilant and alert for possible fallacies or illusions. The researcher needs to sort through various explanations, discussions, and descriptions, and evaluate the merits of rival ways to describe and explain. Researchers always seek the most authentic, valid, true or worthy description and explanation among the alternatives (Newman, 2011:508). In order to ensure accurate analysis and interpretation, researchers will convey a generic process of data analysis. According to Cresswell (2007:191), “*an ideal situation is to blend the generic steps with specific research design steps.*”

In this study, the semi-structured interviews were transcribed and organised into themes, sub-themes and categories according to Tesch generic steps of analysing data (Cresswell, 2007:185).

1.6.7.1 Tesch's generic steps to analyse data (Cresswell, 2007:185 – 187):

The generic steps according to Tesch in Creswell (2007: 185 - 187) involves the following steps:

1.6.7.1.1 Organise and prepare the data for analysis

- The researcher transcribes the data gathered word for word.

1.6.7.1.2 Read and number all the data

- The researcher reads the data carefully and number each line on the paper, identifying clearly when it is the interviewer asking or the participant responding.

1.6.7.1.3 Start detailed analysis with coding

- The researcher identifies the common ideas according to the input of each participant in preparation for grouping the themes together.

1.6.7.1.4 Use the coding process to generate a description of the setting, the people, categories or themes for analysis

- The researcher groups the themes together according to the emerging themes from the information that was provided by the participants.

1.6.7.1.5 Presentation of themes in the qualitative study

- The researcher provides each theme with a descriptive title. The title of each theme will be indicated in numerical format when data is presented in the report.

1.6.7.6 The final step in data analysis involves deducting an interpretation or meaning from the data.

- The researcher finally interprets the organised data.

In this study the researcher executed the abovementioned steps to ensure that data was correctly and accurately analysed.

1.6.7.2 Methods of data verification

Validity is a criterion for the verification of qualitative data and refers to the extent in which an empirical measurement adequately reflects the real/true meaning of the studied concept. Validity further also refers to truthfulness, authenticity and genuineness, or “*the extent to which an instrument measures what it is supposed to measure*” and that this measurement guarantees accuracy (De Vos et al., 2011:172).

Data must be verified for **reliability** in order to ensure similar future results when the same instrument of measurement is applied (De Vos et al., 2011:177). There for, reliability is dependent on the instrument of data measuring, to the extent that when similar measurements are taken, similar results will be ensured. The implementation of principles in qualitative research such as **credibility, transferability and dependability** when determining the quality of data is of utmost importance and will now be discussed:

1.6.7.2.1 Credibility

The credibility of data requires that the study should be conducted in such a manner that the subject of study was accurately identified and described (De Vos et al., 2011:419). The researcher achieved credibility in this study by means of utilizing various interview techniques, such as paraphrasing, probing, summarizing, clarifying and focusing in order to ensure that the subject, namely the views of social workers on alcohol abuse by fathers in a nuclear family, is clearly and accurately presented to the participant during the semi-structured interviews. Credibility was further also enhanced by the recording of the interviews, ensuring that all interviews in this study were conducted under similar circumstances.

1.6.7.2.2 Transferability

Transferability is determined by the extent to which the findings of the research can be transferred from one specific case to another, which is also often referred to as external validity in quantitative data verification (De Vos et al., 2011:420). The researcher achieved transferability by reporting all findings in a well-structured research document.

1.6.7.2.3 Dependability

Dependability in this study was achieved by ensuring that the research process executed in this study was logical, structured, well documented and audited (De Vos et al., 2011:420). The researcher further ensured that all data are presented in a logical, systematic and organized manner, all findings are documented accordingly, and the chapters are externally edited and audited to further ensure dependability.

1.7 Ethical Consideration

As a registered social worker, it is expected of the researcher to note that this research project is subject to the general ethical code of the South African Council for Social Service Professions (SACSSP:1978). However, in the absence of specific ethical regulations for social work research, the values and principles of social work practice should without exception be applied during interacting with participants (De Vos et al., 2011).

According to De Vos et al. (2011:115), ethics is a set of moral principles which is suggested by an individual or group, ethics is subsequently widely accepted, and provides guidelines and behavioural expectations regarding professional conduct towards experimental subjects and participants, employers, sponsors, fellow-researchers, assistants and students. Ethics provide guidelines that influence all behaviour in human relations and eventually leads to conforming to a code of conduct.

The Social Work Department at the University of Stellenbosch guided and supervised the researcher while conducting this research study. The proposal was submitted to the Departmental Ethics Screening Committee of the Department of Social Work in order to obtain approval. Approval was granted to the researcher (**See: Annexures D: Desk letter of approval and E: Consent from organisation**).

In order to maintain an acceptable ethical standard during this study, the researcher adhered to the ethical guidelines that were involved in the research process. In the next paragraph a number of these ethical guidelines that were taken into account during interaction with participants, are briefly discussed.

1.7.1 Researcher integrity

Denscombe (2003:62) states that researchers should be committed to discovering and reporting data and information as faithfully and as honestly as possible, without allowing the course of investigations to be influenced by any misleading considerations. The researcher in this study has ensured truthfulness and integrity by not withholding any information from the participants, by executing the study in a transparent manner and by not keeping any information that might cause harm to the participants from them.

1.7.2 Informed consent

According to Denscombe (2003:66), a participant is entitled to sufficient knowledge and understanding of the subject matter involved in research which will enable him/her to make informed decisions on participation in a research study. The researcher ensured informed consent by the participants in that they were provided with a written motivation, rationale and layout for this particular study providing all the required information for the participants to make informed decisions on being part of this study. The participants were also informed about their right to either agree or to refuse to be part of the study. All participants who opted to be part of this study were granted their decision provided that they met the criteria of inclusion (see: **Annexures B: Informed consent form and C: Toestemming om deel te neem aan navorsing**).

1.7.3 Avoiding harm

According to Denscombe (2003:64), it is important to ensure that the research methods implemented do not cause any pain or distress to the participants. The researcher needs to act responsibly and foresee any possible and potential causes of mental stress or physical discomfort for the participants taking part in a research study. As already mentioned above, the participants in this study were completely informed about the expectations of this particular study and were given an opportunity to refuse participation. All participants opted to take part in this study.

Counselling services were made available in the event that any of the participants might have experienced harm or emotional upset during the interview. It was put to the participants that

they could withdraw from the study at any stage if they needed to do so. Neither of the participants decided to either withdraw or to make use of the counselling services.

1.7.4 Confidentiality and anonymity

De Vos et al. (2011:119) state that individuals have the right to privacy and that it is his or her right to decide when, where, to whom and to what extent his or her attitudes, beliefs and behaviours will be revealed. Information gathered by the researcher should not be disclosed to anyone in any way without the consent of the participant or allowing the information to be tracked back to the individual who provided it (Denscombe, 2003:64).

The information that was obtained from this research study was kept confidential. No identifying names were used and there were no descriptions that might have led to the identification of the participants. Pseudo names were used instead of the participant's real names. All identifying data will be kept safe in a locked cupboard.

1.8 Limitations of the study

The researcher in this study opted to utilise a non-probability sampling method which, according to De Vos et al. (2011: 231) could lead to research bias. To minimize any possible bias, a criterion for inclusion in the study sample that could prevent bias was set and implemented. The study sample consisted of twenty participants in different social work organisations and private organisations. The results of this study are therefore limited to the specific sampled population and can only be interpreted within this context.

In this study, open-ended questions were implemented to gain in-depth information regarding the phenomena under investigation, namely the views of social workers on the impact of alcohol abusing fathers in the nuclear family. A serious limitation in this study was experienced in that a number literature resources were out-dated. However, the researcher attempted to also refer to more recent literature.

The study was furthermore only conducted in the Western Cape. This was due to logistical reasons and the limited time frame in which this study had to be completed.

Although categories did not emerge from all sub-themes, this study was successfully completed, the research aim and objectives were achieved, and thick descriptions were possible from the gathered data despite the limitations.

1.9 Chapter Layout

- Chapter one serves as an introduction and overview of the study;
- Chapter two focuses on the first objective which is the explanation on the prevalence and nature of alcohol abuse of fathers in nuclear families;
- Chapter three focuses on the second objective which is the description of the consequences of alcohol abuse of a father on the dynamics of family functioning from a systems theory perspective;
- Chapter four focuses on investigating the understanding of social workers of the dynamics of family functioning in households affected by alcohol abuse of a father;
- Chapter five presents the conclusion and recommendations based on chapter four.

CHAPTER 2

THE PREVALENCE AND NATURE OF ALCOHOL ABUSE OF FATHERS IN NUCLEAR FAMILIES

2.1 INTRODUCTION

Kafuko and Bukuluki (2008:12) state that initially for some people the state of being intoxicated might let them experience a good feeling. During the intoxicated state they might forget about their problems but soon after a period of repetitive drinking, such a person might become addicted. There is a tendency that some people addicted to alcohol experience physical symptoms indicative of their alcohol abuse. They tend to neither sleep well, nor contribute to normal tasks without first taking alcohol. Should a father within a nuclear family find himself in this category, it is clear that major impacts on the functioning of his family will be inevitable.

This chapter deals with objective one of the study namely the prevalence and nature of alcohol abuse of fathers in nuclear families. In this chapter a discussion will be given of the history of substance abuse, factors contributing to abusing alcohol, the effects that alcohol abuse has on the family, community and body, the different models of addiction and lastly the phases of addiction.

2.2 A BRIEF SUMMARY OF THE HISTORY OF SUBSTANCE ABUSE

McNeece and Barbanell (2005:11) found that alcohol consumption was already widely spread during the Neolithic Age, also known as the Stone Age. Stone pots previously containing either beer or wine, dating from the Old Stone Age have been discovered in Clairvoux, Switzerland. According to myths dating from this era, it seemed that alcohol was initially perceived as a gift from the gods and some societies even worshiped specific gods of wine. Priests also used alcohol as part of religious rituals. In this manner the consumption of alcohol spread from ritual activities to social consumption and soon alcohol was seen as forming a part of meals and human diet and was usually served during celebrations of births, marriages, coronations, diplomatic exchanges and the signing of agreements. Intake of alcohol in the United States was largely practised within family contexts until the beginning of the nineteenth century. Following these traditional patterns of alcohol consumption, alcohol soon became more acceptable within

social contexts which resulted in use of alcohol becoming more openly and at the same time also more destructively. Austin et al. (2009:314) agree with the development of alcohol consumption patterns and indicate substance abuse and dependency as recorded in history books dating as far back as 3000 BC. Historians also confirm a flourishing agricultural wine industry along the banks of the Nile during that same time period. In the Christian Bible over 400 biblical references with regard to wine consumption and also warnings against the excessive use of alcohol are found. It is recorded that in 1492 Christopher Columbus arrived in America to find Native-Americans smoking tobacco following the cultivation of marijuana in the 1600's by the Jamestown Settlers.

The acceptability of substance use as well as the types of different substances have changed over time. The consumption of alcohol was prohibited in the United States in 1920's. LSD (Lysergic Acid Diethylamide) was legally used as a mind expanding substance in psychedelic psychotherapy in the United States during the years of the 1960's. LSD was accidentally discovered by Dr. Albert Hofmann a researcher at Sandoz Laboratories in Switzerland on the 19th of April 1943. LSD was initially used to treat alcoholics and was used as a wonder drug which could not only alter behaviour, prevent criminal behaviours and act as an aphrodisiac, but could also provide profoundly mystical experiences according to Timothy Leary a psychology professor at Harvard University in the 1960's. Tobacco consumption was acceptable and even fashionable until the health risks over time became obvious and the use of tobacco also became costly and governments in many countries have taken action to reduce tobacco use in their cities (Austin et al., 2009:315).

McNeece and Barbanell (2005:14) state that marijuana known as dagga was a legal drug and was grown as a cash crop in parts of the United States until its use and possession was prohibited by federal law in 1937. Marijuana was adopted by many deviant groups such as professional criminals and prostitutes and in the 1960's it became one of the symbols of the hippie movement.

Cocaine made its way into the United States from Latin America but with a very different history from that of marijuana. Coca leaves have been found in burial places in Peru dating back to 2500 BC and under the Incas coca became sacred and was used primarily by priests and

nobility for celebrating special ceremonies. In addition to its legitimate uses, cocaine was also an ingredient in obvious medicines and beverages such as Coca-Cola until the passage of the Harrison Tax Act of 1914. Coca-Cola currently only uses de-cocainized coca leaves as a flavouring agent (McNeece & Barbanell, 2005:15). In the light of the fore mentioned it is clear that substance abuse has been part of society for many centuries and is thus not a new phenomenon. The classification of drugs will be presented in the following paragraph.

2.2.1 Classification of Drugs

According to Fisher and Harrison, (2013:17) alcohol is the most well-known familiar Central Nervous System (CNS) depressant because of its widespread use and legality. Different types and categories of drugs will be presented underneath in Table 2.1: Classification of drugs.

Table 2.1: Classification of drugs (Fisher & Harrison, 2013:18-19)

Classification	Common drugs	Main routes of administration	Major acute effects
1. CNS Depressants (Central Nervous System)	Alcohol, barbiturates, benzodiazepines, sleep aids	Drinking, ingesting pills	Relaxation, reduction of anxiety, impaired motor coordination
2. CNS Stimulants (Central Nervous System)	Cocaine, methamphetamine, caffeine, nicotine	Snorting, smoking, injecting, drinking	Alertness, mood elevation, increased heart rate and blood pressure
3. Opioids	Heroin, morphine, methadone, pain pills	Injecting, snorting, swallowing pills	Sedation, pain relief
4. Hallucinogens	LSD, magic mushrooms, PCP	Ingesting or smoking	Alerts perception of sensory stimuli, panic attacks in some users
5. Cannabis	Marijuana	Smoking or ingesting	Enhanced taste, touch and smell, relaxation, increased appetite, impaired immediate recall
6. Inhalants and Volatile Hydrocarbons	Solvents, aerosol sprays, amyl nitrate, isobutyl, nitrous oxide	Inhaling	Reduced inhibition, dizziness, slurred speech, impaired motor

			coordination, unconsciousness and death can occur.
--	--	--	--

The Government of South Australia (2006:17-19) as well as Fisher and Harrison (2013) compiled guidelines to identify different substances as indicated in **table 2.1: Classification of Drugs**. A brief discussion of each category as indicated will subsequently be presented.

2.2.1.1 Depressants

Ezzati, Lopez, Rodgers and Murray (2004:959) state that alcohol abuse has long been known as a risk factor for disease and is identified as one of the major global risk factors, accounting for 1.5% of global deaths, 2.1% of years of healthy life lost owing to premature mortality, 6.0% of years of life lost owing to disability and 3.5% of disability-adjusted life years. Alcohol consumption is linked to long-term biological and social consequences through three intermediate outcomes: intoxication, dependence and direct biochemical effects.

According to the (WHO, 2011:17) different types of alcohol can be defined and may be summarized as follow:

- **Wines:** are made from a variety of fruits, such as grapes, peaches, plums or apricots and can be differently described such as such as wines, beer, whiskey, brandy, rum, gin and liquors, depending and how each alcoholic beverage is made. The most common wines are produced from grapes. The WHO (2011:17-18) describes different types of wines according to the different growth, harvest and climate conditions and methods which are also determining factors regarding the quality and taste of the grapes which in turn affects the taste and quality of wines. When ripe, the grapes are crushed and fermented in large barrels to eventually produce wine;
- **Beer** is also made by the process of fermentation. A liquid mix, called **wort**, is prepared by combining yeast and malted cereal, such as corn, rye, wheat or barely. Fermentation of this liquid mix produces alcohol and carbon dioxide. The process of fermentation is stopped before it is completed to limit the alcohol content. The alcohol produced in this manner is called beer. It contains 4 to 8 per cent of alcohol;

- **Whisky** is made by distilling the fermented juice of cereal grains such as corn, rye or barley. Scotch whisky was originally made in Scotland. The word "Scotch" has become almost synonymous with whisky of good quality;
- **Brandy** is distilled from fermented fruit juices. Brandy is usually aged in oak casks. The colour of brandy comes either from the casks or from caramel that is added;
- **Rum** is a distilled beverage made from fermented molasses or sugarcane juice and is aged for at least three years;
- **Gin** is a distilled beverage. It is a combination of alcohol, water and various flavours. Gin does not improve with age, so it is not stored in wooden casks;
- **Liqueurs** are made by adding sugar and flavouring such as fruits, herbs or flowers to brandy or to a combination of alcohol and water. Most liqueurs contain 20-65 per cent alcohol. They are usually consumed in small quantities after dinner.

Excessive use of any of these types of alcohol should be regarded as a dangerous habit that could ruin a person's life.

2.2.1.2 Stimulants

Stimulants are drugs that elevate the mood and increase energy levels but at the same time may have various negative effects such as agitation, fatigue, convulsions and high psychological dependence. Different types of stimulants are identified, such as amphetamines that can be obtained both illegally or by means of a prescription; methamphetamine, cocaine, and hallucinogens. Cocaine is a white powder. The effects of cocaine are similar to those of amphetamines. Consumption of large amounts of cocaine may cause chest pain, a heart attack or even psychosis (Government of South Australia, 2006:18 and Fisher and Harrison, 2013).

2.2.1.3 Opioids

“Opiates consist of a number of different drugs, namely heroin (illegal), opium (illegal), morphine (on prescription or illegally obtained) and, pethidine (on prescription or illegally obtained). These types of opiates relieve pain and cause a state of euphoria. However, users develop both a tolerance and dependence very quickly. If large amounts of opiates are consumed, adverse physical effects may include nausea, vomiting, constipation, drowsiness, reduced vision and respiratory depression. An overdose of op opiates may also cause death to the consumer. Other effects include a lack of emotion, apathy and indifference. Methadone (on

prescription or illegally obtained) is used to treat heroin-dependent people and is only legal within a treatment program.” (Government of South Australia, 2006:17 and Fisher & Harrison, 2013).

2.2.1.4 Hallucinogens

Hallucinogens form part of the group of drugs that includes substances such as Phencyclidine (PCP), and Lysergic Acid Diethylamide (LSD). Psilocybin is a hallucinogen that is found in plant species and is sometimes referred to as “*magic mushrooms*”. Consumption of hallucinogens may lead to illusions and hallucinations, poor perception of time and distance, panic, paranoia, possible drowsiness, hyperactivity, confusion, inability to concentrate, loss of memory and insensitivity to pain and anxiety (Government of South Australia, 2006:18 and Fisher & Harrison, 2013).

2.2.1.5 Cannabis

“Cannabis is the general name for the hemp plant *Cannabis Sativa*. Marijuana, hashish and hashish oil all originate from this plant. Tetrahydrocannabinol (THC) is the major psychoactive compound that provides the user with a feeling of being on a “*high*” and affects the mood and experience of the user. Cannabis, when smoked, produces a distinctive odour. Marijuana consists of dried flowers and leaves coming from the cannabis plant. It may either be smoked or consumed in the form of food and is the most commonly used illicit drug in Australia (Government of South Australia, 2006:17 and Fisher & Harrison, 2013).

In some countries, for example Canada, Cambodia, Argentina, Australia, Nepal, Ukraine and many more, cannabis, is currently an illegal drug. In South Africa it is currently also still deemed a criminal offence when consuming Cannabis.

2.2.1.6 Inhalants and Volatile Substances

Volatile substances are commonly known as inhalants or solvents. This category include butane gas, paint thinner and petrol. As with alcohol, volatile substances are classified as a central nervous system depressant. Deliberate inhalation of inhalants, together with unintentional inhalation, may lead to intoxication and can impair the ability to work safely. Effects include headache, sore eyes, drowsiness, disorientation, double vision, anxiety, dizziness, tiredness,

nausea, poor coordination, slowed reaction time and, in if taken in higher doses, a reduction in muscle strength (Government of South Australia, 2006:17 and Fisher & Harrison, 2013).

For the purposes of this study alcohol will be viewed as the main substance and in the light of the abovementioned discussion, it is clear that in a similar manner as is the case with all forms of drugs, alcohol has a devastating effect on the consumer on both physical and mental levels.

2.3 FACTORS CONTRIBUTING TO ALCOHOL ABUSE

For some people alcohol abuse takes an unrelenting and shocking course with all the characteristics of an unwanted disease; for others dependency on alcohol seems to be symptomatically related to a stressful or distressful phase of a person's life and the reliance on alcohol is perceived as temporary and a brief deviation; and yet for others they simply choose to stop abusing alcohol for reasons that are not always clear (Korhonen, 2004:7).

According to Freeman and Parry, (2006:5) excessive drinking is coupled to a disease – alcohol dependence. Alcohol dependence is characterized by a craving and a strong need or compulsion to drink; impaired control; the inability to limit intake on any given occasion; physical dependence; withdrawal symptoms such as nausea, sweating and anxiety when alcohol use is stopped after a period of heavy drinking; tolerance, the need for increasing amounts of alcohol in order to feel its effects. It is a chronic and often progressive disease. People addicted to alcohol need to drink despite negative consequences such as serious job or health problems. Alcohol dependence is however also determined by both genetic and environmental factors. The cause of alcohol abuse is related to certain theories, such as the psychological theory and genetic factors. The psychological theory explains that when alcohol abusers consume alcohol, it is normally an attempt to decrease their stress levels, to reward themselves for so-called good behaviour, alleviating discomfort, enhancing social experiences, fulfilling the need to feel powerful and eliminate unpleasant memories and experiences.

It may therefore be concluded that certain factors such as genetic factors, environmental factors and psychological factors may play a role in the susceptibility of the person potentially abusing alcohol. The mentioned factors will be discussed in the following paragraphs.

2.3.1 Genetic factors

Certain genetic factors may increase the individual risk to both alcohol - and drug dependency. Susceptibility to alcohol dependence can also be seen as characteristic of certain families. Research indicates that, due to amongst other, genetic factors, first degree relatives of an alcoholic are 2 - 7 times more inclined to alcoholism than the average individual when confronted with alcohol. A possible explanation may also be that alcoholism and the perception/attitude towards alcohol is a learnt form of behaviour due to example taken from relatives. Another possible explanation may be that a genetic or biological factor which increases the individual's susceptibility to alcoholism may indeed be a reality. Studies of families, twins, adopted children and other genetic markers have confirmed that genetic factors are indeed involved with the extent of alcohol consumption, alcohol-related complications experienced and eventual full-blown dependence (Dick & Agrawai, 2008:111; Edenburg & Furround, 2013:487).

Dodgen and Shea (2000:30) confirm that alcohol abuse probably involves a genetic component. Inherited biological differences may be the reason for some individuals to be either more or less susceptible to alcohol dependence than others. Genetic factors indeed run within families and the rate of becoming an alcohol abuser seems more likely to occur in identical twins than non-identical twins or same-sex siblings. If the susceptibility-qualities run within the family where family members share the same genes, there may be reason to believe that there is sufficient evidence of a genetic basis for the mentioned qualities – each sibling shares 50% of genetic composition with each parent and sibling.

Long-term alcohol abuse often leads to alcohol use disorder, Alcohol and Other Drugs (AOD), which is a complex genetic disease. Alcohol abuse has been long noted to run in families, but the observation alone is not sufficient to demonstrate that genetic factors alone contribute to risk. Adoption studies have also shown that alcohol abuse in adoptees compares more strongly with their biological parents than their adoptive parents, (Dodgen et al., 2000:30 and Edenburg et al., 2013:487-488).

Genetic factors according to Edenburg et al. (2013:488) also affect the risk not only of alcohol abuse, but also the level of alcohol consumption and the risk of alcohol associated diseases.

Any person is at risk to develop problems of alcohol abuse or dependence and having a close relative such as a parent or sibling who has a problem with alcohol can increase the risk of the child becoming an alcohol abuser. The most common source of alcohol abuse found by different authors such as Dodgen et al. (2000:30), and Edenburg et al. (2013:488) is based on the genetic factors. The above mentioned authors agree that genetic factors play a significant role in alcohol abuse.

Lewis, Dana and Blevins (2011:50) however state that the critical matter in this debate is the nature and extent of balance between environmental - and genetic factors. This critical balance is eventually the determining factor in an individual's behaviour and life style to either succumb to alcohol dependency or to be able to avoid this risk of the turning out to be a problem drinker or even an alcoholic.

2.3.2 Environmental factors

As already indicated in the previous paragraphs, a number of social and other environmental factors have been cited as contributing to the onset and sustaining of substance use. However, no single one factor has been confirmed to explicitly be either responsible or sufficient to determine addiction or even a relapse. In the same manner that a variety of factors may influence a person's susceptibility to alcohol abuse, social-environmental factors may influence the development of alcohol abuse within a context of a complex, dynamic multi-factor system. The availability and cost of alcohol and other drugs clearly influence overall patterns of use and can contribute to alcohol use. There is sufficient evidence to show that the price of alcohol indeed influences people's drinking patterns. Furthermore, the culture and acceptability of substance use within societies is often determined by the culture of the majority of people, and especially of clients' peers and family members (Ogborne, 2004:12).

The influence of people and their behaviour often influence the relationship between an individual and a certain substance in several ways. Significant others provide a milieu that defines the environment as either happy or sad and thereby establishes a general mood, or emotional tone. It is from this influence by other people's rules and rituals regarding the use of a substance that behaviour is learnt by means of imitating and acceptability. The behaviour of others becomes a reference point or standard of comparison according to which people judge

own behaviour and against which behaviour is judged in general. Throughout all of the aforementioned, others provide social support and sanctions for appropriate and inappropriate behaviour regarding substance use and abuse. Most people are influenced by peers and imitate what their peers do. The environment in which they live also has an impact on how they perceive life and what influences people are exposed to within a particular environment (Lewis et al., 2011:51).

According to a document compiled by research conducted by the New South Wales Government (2010:2), there is considerable evidence of associations between social factors such as unemployment, homelessness and poverty and a susceptibility to alcohol abuse. The link between deprivation and health behaviour is the strongest for alcohol and other legal as well as illicit drug use. Gilmore (2011:6) states that becoming unemployed worsens alcohol-related harm, and heavy drinking, itself, often leads to unemployment. Alcohol is a significant risk factor for being absent at work. The work place itself also impacts on alcohol related harm and certain occupations and, in general, stressful working environments increase the risk of alcohol-related harm.

2.3.3 Psychological factors

Fisher and Harrison (2013:18 - 139) mention that there are a number of different motives for consuming alcohol which may include drinking to enhance sociability, to increase power, to escape problems, to get intoxicated for enjoyment or for ritualistic reasons. There are two categories for drinking. Firstly drinking is a method used for negative reinforcement, specifically on a personal-effect motive. Negative reinforcement also refers to '*labelled drinking as a mechanism to cope*' and is usually defined as the tendency to use alcohol to escape, avoid or regulate unpleasant emotions. An example could be where the father experiences stress at his workplace. The second motive is called the positive reinforcement, referring to social-effect motives. This motive has been labelled 'drinking to be sociable' and encompasses drinking to be pleasant, to celebrate social occasions and to have a good time with others. An example of this kind of behaviour could be when a person goes out to be sociable without realizing that drinking has become excessive and that it has become a routine during social events. The following psychological factors, contributing to alcohol abuse, such as stress, self-esteem and mood enhancements, are briefly presented below.

2.3.3.1 Stress

A report conducted by the Secretary of Health and Human Services (2000:187) states that the most commonly studied motivation for alcohol abuse involves the inherent ability of alcohol to seemingly decrease anxiety, thus making it an acceptable option to try and cope better with stress. Stress is also one of the main reasons why people start abusing alcohol according to Lewis et al. (2011:50). Evidence that some people use alcohol to reduce stress is complex and inconsistent for a number of reasons. One model for example proposes that alcohol abuse is commonly applied by people who rather use alcohol abuse as a stress and anxiety reliever than to confront their life issues. There are different factors that lead to stress and one such a factor may be financial stress. Financial stress might be accompanied by alcohol abuse, but people who do have access to a proper support network such as assistance with transport other chores are less likely to experience drinking problems as opposed to those people who do not have any kind of support (Secretary of Health and Human Services, 2000:187).

2.3.3.2 Self-esteem

A good self-esteem is essential to psychological adaption and the fulfilment of basic needs. Individuals with a low self-esteem are at risk for depressive reactions, including suicidal ideations, whereas higher levels of self-esteem have been shown to decrease the risk for depression. Low self-esteem might also be an antecedent to alcohol abuse amongst adolescents. Self-esteem has been widely investigated as an outcome variable in research on children of alcoholics, because these children are profiled as being at high risk for developing alcohol problems themselves. For fathers or any other person who abuse alcohol, a possible motivational factor could have been a problem with their own self-esteem when they were young adolescents. This may have prompt them to start abusing alcohol themselves (Rangarajan & Kelly, 2006:656).

2.3.3.3 Mood enhancement

The third psychological factor of importance with regard to susceptibility to alcohol abuse is the need for the enhancement of the mood that may lead to alcohol abuse. Alcohol abuse may occur when people feel the need to enhance or to lift their mood or spirit to a positive one. Mood enhancement might also be important for people who feel high levels of negative affect and low levels of control. There are also other mood-related external factors influencing alcohol

abuse including the social rewards received by projecting a particular image, or the avoidance of social rejection by complying with perceived social norms. It is for this reason that social influences, norms and contexts often play a determining role in the motivation to drink within certain social settings (Secretary of Health and Human Services, 2000:188-189).

Korhonen (2004:10) supports this view on the fact that people abuse alcohol in social settings and states that people are shaped by the consequences of drinking. Human beings continue to behave in certain ways when they receive positive rewards for certain behaviour. If a person's social group drinks heavily and he/she still receives positive feedback from friends for drinking alike, he/she will be more likely to continue the pattern. When different positive rewards are received by the alcohol-abusing person, this person may experience feelings of social acceptability making him/her less anxious. The person abusing alcohol may therefore learn to use alcohol as a way of being treated positively and as a way of coping with uncomfortable and painful feelings.

The fore mentioned was a brief discussion of several factors that may contribute to alcohol abuse. The general effect of alcohol abuse will now be discussed.

2.4 THE EFFECT OF ALCOHOL ABUSE

When alcohol is excessively consumed there are a number of emotional consequences such as experiencing sadness, anxiety, irritability and a host of accompanying interpersonal- and relation problems. During alcohol abuse, many different psychiatric symptoms may be experienced, including temporary experiences of intense sadness, intense anxiety, auditory hallucinations and paranoia in the absence of clear thought processes. Due to the mentioned emotional symptoms of alcohol abuse, a profound negative impact on the individual's behaviour and the surrounding environment including friends and family may be experienced. Intoxication increases the likelihood of injury or death due to accidents and violence. Alcohol abuse is generally associated with the failure to control one's behaviour after a drinking session. The short-term emotional effects that are identified include socially-inappropriate behaviour such as loose talk, the use of vulgar and foul language with disregard of the environment, urinating and defecating in one's clothes, vomiting, undressing in public view, domestic violence, failure to meet one's domestic and work obligations, failure to take care of one's

physical needs including the inability to eat food and inability to know when to stop drinking. The long-term effects that depict alcohol abuse include serious health complications and the loss of respect by the rest of the community who normally consider the abuser to be a disgrace (Klingemann, 2001:7; Kafuko & Bukuluki, 2008:13).

In the following paragraphs the biological, economic and familial effects of alcohol abuse will be presented. These effects are interrelated and there for often overlap also with other harmful effects.

2.4.1 Biological effects

One of the short term effects of alcohol consumption identified by Kafuko and Bukuluki (2008:14) is relaxation. Alcohol is associated with its ability to offer some form of relaxation. It is observed that alcohol has a positive effect on people's mood and helped them to reduce stress and seemingly offer temporary relief of problems. Dodgen et al. (2000:13-14) however indicate that alcohol abuse can at the same time cause confusion, slurred speech, impairment of attention and memory, disorientation, coma and even death. Alcohol abuse can also have a negative and harmful effect on the body, such as damage to the liver causing the liver to fail, cardiac muscle damage, accidental injuries due to impairment in cognition, visual-motor functioning and judgment. Kafuko and Bukuluki (2008:14) agrees with the above mentioned authors that the effect of abusing alcohol on the brain is associated with memory loss, mental illness, cancer and inability to think and act logically and independently. Other diseases caused by abusing alcohol are lung disease, heart disease, red eyes and lips, liver disease, darkening feet, nerve problems, loss of appetite and consistent weight loss.

Consequently the specific effects of alcohol abuse on the heart and liver will be discussed together with cancer and strokes as a result of alcohol abuse.

Thom (2003:12) states that the health and social benefits of light to moderate drinking have been recognized, but at the same time alcohol abuse on the other hand contributes to a wide range of ill health and social problems including chronic conditions, such as liver cirrhosis, heart disease and strokes, cancer, gastritis; acute conditions, such as accidents at home and in

public places, assault, alcoholic poisoning; social problems with family or work relationships, employment, and crime.

2.4.1.1 Heart

Research conducted by the Research Society on Alcoholism (2011:2) indicates that alcohol abuse can cause serious heart diseases and a person abusing alcohol may have a one and half to two times more chances of increased frequency of high blood pressure as opposed to the person not abusing alcohol. Abusing alcohol may over a period of time damage the heart biologically and thus lead to high blood pressure, alcoholic cardiomyopathy, congestive heart failure and haemorrhagic stroke.

Research of the Lafene Health Centre in Kansas State University (2003:3) agrees with the above mentioned author (The Research Society on Alcoholism, 2011:2) and states that evidence reveals that chronic consumption of alcohol can lower the contractile forces of the heart, and may contribute to congestive heart failure. This condition is known as alcoholic cardiomyopathy when the heart is enlarged and weakened and the individual experiences unusual tiredness with physical effort. Due to this strain on the heart, prolonged and excessive use of alcohol also has been associated with high incidents of high blood pressure and even a stroke.

2.4.1.2 Liver

When abusing alcohol according to research of the Lafene Health Centre in Kansas State University (2003:2) the liver is often damaged and this damage may occur in three stages, namely first a so-called fatty liver, followed by hepatitis and finally cirrhosis. Alcohol abuse produces changes in the metabolism of fats that can cause these compounds to accumulate in the liver cells, eventually producing an alcoholic fatty liver. Most often there are no external signs of this biological damage and liver illness, but severe cases may include jaundice, abdominal pain, and enlargement of the spleen, fluid retention and injury to the nervous tissue. Inflammation to the liver may occur when one abuses alcohol and in this stage of alcohol liver disease, the liver is enlarged and tender and jaundice is usually present.

2.4.1.3 Cancer

Cancer can also be a consequence of alcohol abuse. A number of forms of cancer, including cancer of the mouth, upper respiratory tract, oesophagus, liver, pancreas, large intestine and rectum could be as a result of alcohol abuse (Lafene Health Centre in Kansas State University, 2003:2). Research has shown that alcohol abuse includes the risk of breast cancer, liver cancer, head and neck cancer, and cancers of the rectum and colon. Certain studies have confirmed an increased risk following increased alcohol consumption on stomach -, lung -, ovary - and prostate cancers but, the body of scientific evidence has been inconclusive (Centre for addiction and mental health, 2007:3).

The following types of cancer can be associated with alcohol abuse:

2.4.1.3.1 Breast Cancer:

The risk of breast cancer increases with greater alcohol consumption. Research shows that for every 12 grams per day of alcohol consumed, there is a 7% to 10% increased risk of breast cancer in women;

2.4.1.3.2 Head and Neck Cancer:

Alcohol is a lifestyle factor that contributes to the increase in the risk of oral cavity, larynx, pharynx and oesophageal cancers and it has been noted that 1.8 drinks per day (25 grams) over several years can increase the risk of oesophageal cancer by 31% -34%; 26% for cancer of the larynx; and 42% - 47% for oral cavity cancer. Some research shows that oral cancer and alcohol consumption are associated with drinking as little as one drink/day with the risk increasing the longer the period of consumption;

2.4.1.3.3 Liver Cancer:

Researchers have found that consuming alcohol increases the risk of liver cancer. The more one drinks, the higher the risk of liver cirrhosis and liver cancer. Two analyses reported an increase in relative risk for liver cancer beginning at just less than 2 standard drinks a day (25 grams).

2.4.1.3.4 Lung Cancer:

Lung cancer risk increases with an average number of beers consumed per week. Moderate wine drinkers have a decreased risk for lung cancer (Centre of Addiction and Mental Health, 2007:3-4).

2.4.1.4 Stroke

According to research conducted by the Stroke Association (2012:2), alcohol contributes to diseases that affect the circulation of the blood, such as high blood pressure and diabetes, and these in turn raise the risk of stroke. Excessive drinking and 'binge' drinking may both result in an increase in blood pressure, which is the main risk factor for stroke. Heavy drinking is dangerous for a person's heart in many ways and can raise levels of both cholesterol and triglyceride (a type of fat in the blood), as well as triggering atrial fibrillation, a type of irregular heartbeat that can increase the risk of a heart disease or a stroke. Even in moderate amounts, alcohol may lead to an increase in the blood level of a substance called homocysteine. This again may increase the risk of blood clotting and is also linked to atherosclerosis (hardening and furring of the internal walls of the arteries) which may eventually result in a blockage forming, which could lead to a stroke.

2.4.2 Economic effects

Klingemann (2001:6) mentions that alcohol abuse has an impact on productivity and work career and it has been demonstrated in a large number of studies. Alcohol abuse may impair work performance through decreased efficiency and also may lead to poor work place safety, such as putting others' lives at risk and intoxication can result in errors of judgment and accident proneness (Freeman & Parry, 2006:18).

Research conducted by the Alcohol Res Health (2000:8), agrees with Freeman and Parry (2006:18) and mentions that researchers have identified and classified a wide variety of adverse consequences for people who abuse alcohol, consequently affecting their families, friends, co-workers and others they encounter. Alcohol abuse problems include economic losses due to absence from work, illness and work injuries due to alcohol abuse, disruption of family and social relationships, health problems due to alcohol abuse, violence, aggression, and legal challenges. Freeman and Parry, (2006:18) state that drinking costs money and often negatively

influences the household budget often leaving the family unable to afford even basic goods and services. Alcohol abuse leads to a spiral of poverty in which the alcohol abuse prevents income capacity while any income earned is then spent on buying more alcohol. Kafuko and Bukuluki (2008:18) also report that families where an income earner abuses alcohol, are regularly at risk of going without basic needs. Children in such families may lack scholastic materials, wear neglected clothes and are generally disadvantaged compared to other children who are not exposed to alcohol abuse within their families of origin.

Drinking leads to a spiral of poverty in which the drinking behaviour inhibits income capacity (through absenteeism, lack of motivation, poor quality of work, losing employment) while any income earned is then spent on alcohol, at times drowning sorrows regarding not having work or only having a poorly paid job. Money spent on alcohol is not available for other necessary purposes. An alcohol problem may impair or destroy the drinker's capacity to earn a livelihood. Reduced earnings or unemployment are not infrequent consequences of drinking problems and these, naturally, affect the other members of the family. Holidays may never happen, it may become impossible for children to attend school outings and even the rent may not be paid (Freeman & Parry, 2006:17).

For people who are already struggling to pay their bills, the onset or exacerbation of an addiction may cause them to lose their housing and in this manner alcohol abuse is often contributing to families losing their homes. People who are homeless often turn to drugs and alcohol to cope with their situations. They use substances in an attempt to attain temporary relief from their problems. Addictive disorders that disrupt relationships with family and friends may further lead to unemployment. In reality, however, substance dependence only exacerbates their problems and decreases their ability to achieve employment stability and get off the streets. Additionally, some people may view drug and alcohol use as necessary to be accepted among the homeless community (National Coalition for the Homeless, 2009:1).

2.4.3 Effects on the family

According to Kafuko and Bukuluki (2008:9), harm to personal finances, poor health and loss of relationships are but some of the consequences of alcohol abuse and the prevalence of social

and health consequences among current drinkers are high. The most important consequences of alcohol abuse however are the psychological harm, marital – and/or relative problems.

Fisher and Harrison (2013:18 - 139) agree that the spouse who does not abuse alcohol often has to cope with the confusing unpredictability and frequent unpleasantness of life with the spouse who abuses alcohol. The more serious an alcohol problem, the less able the abusing person is to perform competently, or even to fulfil at all the various roles and responsibilities expected of a spouse and parent. Marital conflict may often take a violent form, and there is much evidence to show that domestic violence and alcohol abuse are often associated. While alcohol abuse is neither a necessary nor a sufficient cause of domestic violence, high proportions of perpetrators of domestic violence are either abusing alcohol or they are under the influence of alcohol at the time of the assault. The spouse may be affected by relationship difficulties not only with his or her partner but also with the children. Most obviously, as the alcohol abusing comes to dominate the lives of everyone in the family, the non-drinking parent may simply have less time and emotional - as well as material resources to devote to the children. The non-drinking parent may have to assume the complete responsibility of disciplining the children, and it may well be the non-drinking parent who has to share with the children the household realities that, for instance they cannot invite friends over or that there is not sufficient money available for their needs.

According to Fisher and Harrison (2013:18 - 139) the alcohol abuser's behaviour is likely to become unpredictable and disruptive, impairing the family's capacity to plan activities in advance or to stick to familiar routines. Activities, particularly recreational activities within the family are likely to be restricted as the alcohol abuser becomes unwilling or unable to participate, or the other family members themselves choose to avoid activities out of fear for the behaviour of the drinker.

2.4.3.1 Psychological harm on family and children

Families where alcohol abuse is present are oftentimes painful to live in, which is why those who live with alcohol abuse may become traumatized to varying degrees by the experience. Broad swings, from one end of the emotional, psychological and behavioural spectrum to the other, all too often characterize the addicted family system. Living with alcohol abuse can put

family members under unusual stress. Normal routines are constantly being interrupted by unexpected or even frightening kinds of experiences that are part of living with alcohol abuse (Dayton, 2012:1).

According to Fisher and Harrison (2013:18 - 139) living with a family of alcohol abuse, subjects all members of a household to constantly have to deal with stress and fears of various kinds and has often been referred to as a “*family illness*.” To one degree or another, all members of the family are affected. An organization called Turning Point (2006:12) compiled a report where they interviewed families who have been living with alcohol abuse. It was found that both parents and children are of the opinion that alcohol abuse and accompanying arguments negatively affect their normal family life and everyday activities. Family outings and occasions such as birthdays, Christmas and family holidays may either be completely forgotten or often seen as the cause of increased stress and anxiety, either because the parent is not present or ruins the occasion by his/her presence while under the influence of alcohol.

From abovementioned discussion it is clear that alcohol abuse may have an effect on the non-alcoholic family members where they often have a fear of the alcohol abuser and stress because they are never sure what might happen when the alcohol abuser is under the influence.

Dayton (2012) states that in cases where the family-members of an alcohol abuser is physically residing in the same house, there is a higher probability that the person abusing alcohol in the family is the father. The majority of intact alcohol abuse homes, therefore, have a higher chance of only one spouse being an alcohol abuser, and this spouse is usually the father. McCarthy and Galvani (2012:10) state that alcohol abuse can be disruptive to the wider family and it is then quite common for the extended family to withdraw from the alcohol abuser if they feel let down and disillusioned by their behaviour. When the family withdraws it may have negative consequences on the parent who abuses alcohol, such as the alcohol abuser losing the support needed, less support for the spouse not abusing alcohol, less support to the children of the alcohol abuser and also the children not socialising and bonding with other family members.

2.4.3.2 Parenting skills

Freeman and Parry (2006:17) state that drinking can impair functioning as a parent, as a spouse and as a contributor to the household functioning. Most excessive drinking requires time and

this competes with time needed to carry out on family responsibilities, such as spending time with children and fulfilling household chores. Alcohol abuse could have a significant negative impact on families. Approximately 25% of children are affected by alcohol abuse in the family and families with parental alcohol abuse are more likely to experience increased family hostility, poor parenting and decreased child monitoring (Coyle et al. 2009:1607). Parental alcohol abuse also seems to affect the parenting skills and thereby the child's performance in school. Children are the most severely affected since they can do little to protect themselves from the direct or indirect consequences of a father who abuses alcohol. Alcohol abuse by a parent can thus seriously harm a child's normal development, although its modes of action have only been partially clarified (Klingemann, 2001:6).

Zohhadi (2006:4) agrees with Klingemann (2001:6) that paternal alcohol abuse have a negative impact on children's' identity development. Children speaking about their alcohol abusing parent often shows gendered expectations of parenting and children tend to talk more negatively about their mothers abusing alcohol than their fathers who abuse alcohol. Alcohol abuse by a father impacts the fathers' level of sensitivity towards aggravation with and supervision of their children. The impact of alcohol abuse on a fathers' role within the family reveals that an alcoholic father overwhelmingly removes himself both physically and emotionally from his family and society and distance himself as far as his children is concerned.

Alcohol abuse according to McCarthy and Galvani (2012:5) has a negative effect on parenting behaviour such as being disorganized, by placing family members second and making alcohol their first priority. Alcoholic fathers also often have mood swings, from high to low and low to high, squandering the families money on alcohol and not having any money left for necessities such as food and other essentials and lastly, inadequate parenting which may result in being either too strict or withdrawn regarding parental duties.

McCarthy and Galvani (2012:5) agree that the possible effects of an alcohol abusing parent might also be seen in relation to Erikson's (Louw & Louw, 2007:20) developmental stages in the life cycle of a family as it will be discussed in more detail in paragraph 2.4.3.3 (**Erikson's eight stages of psychological development**) pertaining to the importance of trust within a family as a prerequisite for the development of healthy personalities. Children must be able to

trust the love of the adults and parents who care for them. They further also need to be able to establish trust in the fact that the parents will continue to be present in an effective manner in the future. The child in an alcohol abusing family may experience various forms of neglect and feel abandoned by both parents; the child may wish that the drinking parent could die or that the non-drinking parent will simply leave; the child may have limited or completely restricted capacity to initiate and to sustain friendships and other relationships; the child may be the victim of verbal or physical aggression; the child may be a witness of conflicts, perhaps violent conflicts between his/her parents, and lastly the child may experience the break-up of the family. The child could be forced to take on certain adult roles and - responsibilities and in this sense be deprived of a childhood.

Should a husband drink heavily at home, his wife might be burdened and his children might fear him. If he returns home after a drinking session, the wife and children often make themselves busy and scatter into different directions simply to avoid contact that always poses the possibility of conflict. The children start to fear their father because being drunk might make him either aggressive or withdrawn from his children leading to children not being fatherly guided by their father. This kind of behaviour within the family may lead to poor scholastic performance by the children and also having a negative attitude towards both the father and mother, (Kafuko & Bukuluki, 2008:17).

2.4.3.3 Identity development of Erikson (Louw & Louw, 2007:20)

Erikson developed eight stages of development constituting the Life Cycle of the human (Louw & Louw, 2007:20). These stages identify and reflect the development tasks, roles and in particular the challenges that each individual faces and needs to achieve successfully during a particular phase in their lives individually as well as within their family system. Erikson further also argued that the earlier stages of psychosocial development within this human Life Cycle normally provide a foundation for the successful development during the later stages in an individual's life.

All the stages will be briefly explained but for the purpose of this study, extended focus will only be on the last four stages, namely 1) identity versus identity confusion, 2) intimacy versus isolation, 3) generativity versus stagnation and 4) integrity versus despair. These four phases

according to Erikson have the bigger impact on whether a person seems susceptible to alcohol abuse or not.

Erikson's eight stages of the human Life Cycle and accompanying psychological development

2.4.3.3.1 First Stage: Basic Trust versus Basic Mistrust (0-1 years)

The crisis faced by the child during the first stage of psychological development concerns **basic trust versus basic mistrust**. The basic strength of the first stage is hope, or the expectation that difficulties in life, presenting whatever challenges there may be, will eventually result in a positive outcome. This sense of hope is, in turn, needed to meet the challenges presented at later stages of development and the antithesis of hope is a lack of hope and withdrawal. Erikson recognized that problems will develop not only if the infant's basic needs are neglected, but also if it is overindulged. Caregivers who are inconsistent, emotionally unavailable, or rejecting, are contributing to feelings of mistrust in the children they care for. Failure to develop trust will result in fear and a belief that the world is inconsistent and unpredictable, (Flemming 2004:7; Louw & Louw, 2007).

If infants are neglected and these basic needs not effectively fulfilled during this first stage of psychological development, or if they are taken care of roughly and randomly by an alcoholic father or mother, they will learn to question their caretakers and further to believe that others will not always be available to support them when needed. This challenge may also be present in the case when the father is alcoholic thus impacting on the infant having difficulties in trusting people. This trust – issue is due to the fact that the caregiver was always under the influence of alcohol and not being a trustworthy father figure.

2.4.3.3.2 Second Stage: Autonomy versus Shame and Doubt (2-3 years)

During the second stage of psychological development, the toddler struggles to gain a sense of autonomy or control over bodily functions as well as large and small motor skills. Learning to walk, to talk and later dressing and feeding itself, as well as learning to control bowel functions, are all tasks that the child needs to master during this stage. It should be increasingly that the child wants to do these tasks independently and without the adult's help. Adults realize that the

child is not always capable of doing these things by him-/herself and patience with letting the children learn these skills on their own, can wear the parents. The children, in turn, seem at times to be at war with their parents and sometimes feel ashamed of his or her lack of control when, for example, sitting on a potty trying to control urinary or bowel functions. Children who successfully complete this stage feel secure and confident, while those who do not are left with a sense of inadequacy and self-doubt (Flemming, 2004:8; Louw & Louw, 2007).

In the light of already discussed information about the effects of alcohol abuse by the father, it is clear that within the family where the father is an alcoholic, children tend to feel shame and doubt; they believe that they are not capable of making valid decisions and not capable of doing everyday tasks. These children may in this instance start to inhibit their positive self-esteem as these small children start seeing themselves as unwise, not good enough.

2.4.3.3.3 *Third Stage: Initiative versus Guilt (4-5 years)*

During this phase, initiative is implied in children's attempts at imitation, but guilt occurs when the child's developing conscience feels in competition with the parent. Initiative is actualized through the child's expanding range of capabilities. Children at this age are extremely active and mobile, or in Erikson's terms, locomotive, they are talkative, and they experiment and learn through imaginative play. The child's conscience can put a damper on this very active development when parents implant feelings of guilt by insisting too strongly on "good" behaviour. Thus while the basic strength associated with this period is a sense of purpose, the core weakness is embarrassment. Children who are successful at this stage feel capable and able to lead others. Those who fail to acquire these skills are left with a sense of guilt, self-doubt and lack of initiative (Flemming, 2004:9; Louw & Louw, 2007).

If caregivers in an alcoholic family try to create too many strict boundaries around what children can do and to force too much responsibility on kids, children will feel extremely guilty for their inability to complete tasks perfectly. That will lead to children wanting to break the rules and try things that they know may have negative consequences. Children at this age will act in such a manner that the family seemingly cannot control the children leading to the parents giving up on the child's discipline and one of the parents may perhaps feel that he/she is a failure and start using alcohol to feel better about themselves.

2.4.3.3.4 Fourth Stage: Industry versus Inferiority (6 years – 12 years)

Flemming (2004:10) mentions that the basic strength of this stage of psychological development is competence. The child that is ill prepared for school or lacks the tools for learning from life's experience will despair. Unsuccessful problem solving skills and resolution of crises during this stage stems largely from ill-preparation during the earlier stages. Erikson used the term inertia (apathy, laziness, boredom) to define the core pathology, the opposite of competence. But for most children, this is a period of relative calm. Inner conflicts give way to increased learning and mastery of the skills needed to succeed in later life. Children who are encouraged and commended by parents and teachers indeed develop a feeling of competence and belief in their skills. Those who receive little or no encouragement from parents, teachers, or peers will doubt their ability to be successful.

In the alcoholic family doubt and mistrust are usually present amongst the family members and when doubt is present within a child, the child may start to think that he or she is not worthy of being part of something or perhaps a group of peers leading to the child seeking attention and wanting to feel accepted by the wrong people and in the wrong way. In order to fulfil this need, children may start to do wrong, such as abusing alcohol, stealing, using drugs and being involved in sexual activities.

2.4.3.3.5 Fifth Stage: Identity versus Role Confusion (adolescents) (13 years – 18 years)

Louw and Louw (2007:309) state that identity development implies that adolescents need to define who they are, what is important to them and what directions they want to take in life. Adolescents need to develop a sense of self and personal identity. Success in this regard leads to an ability to stay true to the self while failure leads to role confusion and a weak sense of self.

Flemming (2004:11) agrees with Louw and Louw (2007:309) and confirms that adolescents develop a sense of weak self and failure when they are not granted the opportunity to develop a sense of self. This is a challenging task because an adolescents do not merely learn “*who they are*,” they must at the same time learn to define and invent themselves. Role models may be parents, teachers, coaches, film stars, athletes, or “*outlaws*” and parents can rightly guess that the latter is a potential nightmare. There are times when the wise parent must put his/her foot

down and apply a more authoritarian role: teens, similar to small children, sometimes require the imposition of rules and limits, especially where their activities border on danger, as in the cases of drug experimentation, permissive sexual behaviour, or association with the “wrong crowd.” Those who remain unsure of their beliefs and desires and have no role-models will become insecure and confused about both themselves and their future which may lead to abusing alcohol and using drugs in order to feel more secure and confident about themselves.

2.4.3.3.6 Sixth Stage: Intimacy versus Isolation (early adulthood) (19 years – 35 years)

Young adults need to form intimate, loving relationships with other people. Success leads to strong relationships, while failure results in loneliness and isolation. Erikson believed that a strong sense of personal identity was important to developing intimate relationships. Studies have demonstrated that those with a poor sense of self tend to have less committed relationships and are more likely to suffer emotional isolation, loneliness, and depression and which may lead to alcohol abuse (Flemming, 2004:13).

Loneliness, depression and constantly being emotional, may lead to abusing alcohol and using drugs, because the effect of these substances will falsely provide a feeling of positivity. This false feeling of positivity may assist the person to forget about the fact that he/she is lonely, depressed or have these emotions that run inside his/her head all day long. However the effects of addiction may also cause that the negative feelings may even be worse the next day.

2.4.3.3.7 Seventh Stage: Generativity versus Stagnation (middle adulthood) (36 years – 59 years)

Adults need to create or nurture an impact that will outlast them, often by having children or creating a positive change that benefits other people. Success leads to feelings of usefulness and accomplishment, while failure results in shallow involvement in the world. Those who are successful during this phase will feel that they are contributing to the world by being active and successful as a citizen. Those who fail to attain this skill will feel unproductive and uninvolved in the world, (Flemming, 2004:13; Louw & Louw, 2007).

When feeling unworthy or a disappointment to the family, friends and the environment surrounding a person, this person might resort to abusing alcohol and using drugs, in order to

enable them to deal with feelings of unworthiness. Those who fail in their careers and their relationships can stagnate here. They might feel as if there is no meaningful future ahead of them.

2.4.3.3.8 *Eighth Stage: Integrity versus Despair (late adulthood) (60 years +)*

Older adults need to reflect on life and feel a sense of fulfilment. Success at this stage leads to a feeling of wisdom, while failure results in regret, bitterness, and despair. Those who feel proud of their accomplishments will feel a sense of integrity. Successfully completing this phase means looking back with few regrets and a general feeling of satisfaction. These individuals have attained wisdom and will even be ready to confront death (Flemming, 2004:17).

The individual will now reflect on his/her life and make a judgment about how successful they have been. If they are not satisfied with their accomplishments, there may be a sense of despair.

The above mentioned discussion of the developmental stages by Erikson has highlighted the importance of a well-adapted and well-functioning family where life tasks can be achieved successfully as a prerequisite in order to develop into a well-adapted adult. This discussion also highlighted the possible risks during development for the susceptibility to alcohol abuse. From the abovementioned discussion it is evident that the effects of alcohol abuse may be devastating to the alcoholic father and his family.

For the purpose of this study, it is relevant to next discuss the different phases of addiction.

2.5 PHASES OF ADDICTION

Gifford, Friedman and Majerus (2010:119) identified four stages of addiction, namely the pre-alcoholic phase, prodromal phase, critic phase and chronic phase which will now be explained.

2.5.1 Pre-alcoholic phase

During the pre-alcoholic phase, the drinker's alcohol consumption starts out as a social or recreational activity, gradually becoming a way for the person to relax, unwind, and deal with stress. The drinker may seem fine with their own drinking habits as they are indistinguishable from those of his or her peers (Gifford et al., 2010:119).

In view of the above mentioned discussion of the effects of alcohol on both the individual and the family, it is clear that a social lifestyle with alcohol may lead to the absence of the father and eventually have a seriously negative impact on the children of the alcohol abuser

2.5.2 Prodromal phase

Gifford et al. (2010:119) state that in the second phase of addiction the drinker has identified alcohol as an essential means of escaping life's problems and will look for reasons to drink. The person may appear to have his/her drinking habit under control, but will fall into a pattern of alcohol abuse that includes drinking to get intoxicated, becoming reckless while drinking, experience black outs and even forgetting events and occurrences that happened during a session of drinking. He/she will consume alcohol in secret and gulping drinks when no one is looking, furtively spiking non-alcoholic drinks, and experiencing more frequent and severe hangovers than before. This may already pose serious threats to the family and the stability thereof as the father will tend to forget certain special events, not arrive at home in time for events, not come home at all and sometimes drink in secret at special events. The drinker may sometimes even pass out at a pub or at a friend's house. The family might then feel rejected by the drinker as their father and husband.

2.5.3 Critic phase

During this stage, according to Gifford et al. (2010:119) the most obvious change in the behaviour of the alcohol abusing person is a complete loss of control over intake. This complete loss of control over intake is a clear sign that physical addiction has set in. The person's drinking habit will become more conspicuous to others as getting hold of alcohol becomes more important than hiding the need for it. Signs of this phase of alcoholism include drinking alone or with other alcoholics, drinking with people outside of the normal social circle because of a shared feeling that only other heavy drinkers can understand each other, drinking upon waking up in the morning and failed attempts at quitting.

The effect that behaviour during this stage will have on the family and the social functioning of the nuclear family might be the experience of complete rejection, failure and separation from their father and husband. The father will be doing things on his own leaving the family to feel

guilty that their father and husband does not want to spend time with them and that there is something wrong with his family.

2.5.4. Chronic phase

In this last phase of addiction, life as the addicted person used to know, completely falls apart and this is also the phase where the addicted person may drop out from their families and social situations, become unemployed, become homeless, be hospitalized due to the effects of drinking, and have frequent encounters with the law. This is the phase where some people might die and others hit bottom and decide to do whatever it takes to change (Gifford et al., 2010:120). The alcoholic father might lose everything, his marriage, his relationship with his children as well as his occupation.

For the purpose of this study, the patterns regarding the alcohol abusing father to be studied, will be those of the addictive person already in either stage three or four of this mentioned process, meaning that advanced addiction is already a problem.

In conclusion it is perceived meaningful to this study to discuss certain models of addiction which will also serve as a reference to the systems theory to be discussed in the next chapter.

2.6 MODELS OF ADDICTION

Different models of addiction provide a clear framework to enhance the understanding of the biological basis of addiction, the broader social aspects of addictive behaviour as well as the psychological aspects of addictive behaviour. Models of addiction may also assist with the planning of successful prevention - and treatment responses.

2.6.1 Disease model

Fisher and Harrison (2013:42) state that the *disease of addiction* is viewed as a primary disease and is not secondary to any other condition. The disease model indicates different stages of alcoholism and different symptoms characterize each stage. The early stage is characterized by an increasing tolerance to alcohol, blackouts, sneaking and gulping drinks, and guilt feelings about drinking and related problems. The second stage is defined by a loss of control over drinking, personality changes, a loss of friends and jobs, and a preoccupation with protecting

the supply of alcohol. The last and third stage of the disease model of alcoholism is characterized by morning drinking, violations of ethical standards, tremors and hallucinations.

Fisher and Harrison (2013:43) mention that it is important to conceptualize the stages mentioned above as progressive, meaning that the stages follow one another in sequence and the different stages as identified by the disease model of addiction are not reversible at all. According to Alcoholics Anonymous (2001:44), being an alcoholic is an illness which only a spiritual experience will overcome. Most members of Alcoholics Anonymous do refer to their alcoholism in terms of a disease and perceiving their addiction as an illness seems to be most acceptable and realistic in their understanding and explaining of their own situation.

2.6.2 Moral model

According to Fisher and Harrison (2013:39), the moral model of addiction explains addiction as a *consequence of personal choice* and individuals are viewed as being able to make decisions and choices to use alcohol and other drugs out of their own free will, although in a problematic manner. Many religions have adopted this model and states that drunkenness is viewed as sinful behaviour. The moral model is also the most commonly accepted explanation by the general public for alcoholism and addiction. The moral model explains addiction as a matter of personal choice caused by spiritual or character deficiencies. According to the moral model, abuse is a malicious behaviour suggesting that the addict mistreats the objects of his/her deepest affection. Alcoholics perceive their own behaviour is not abusing alcohol and addicts not abusing drugs, in fact addicts treat these potions with the greatest of devotion and respect, (Fisher and Harrison, 2013:39).

2.6.3 Psychological model

The psychological model sees a primary emotional or *psychological problem* as the reason or the cause for a person to make use of alcohol or any other substance whereby he or she would attempt to deal with emotional pain. This model goes further and poses that addiction is always secondary to a psychological problem. Notwithstanding the fact that certain alcoholics and other drug addicts seemingly have dealt successfully with identified psychological problems prior to their problematic substance patterns, addiction is still a phenomenon that causes huge challenges. Supporters of the psychological model explains this phenomenon then in terms of

a certain addictive personality that could be identified and that would then be the explanation why individuals with alcohol and other drug addictions often have problems with nondrug addictive behaviour following successful recovery from their drug of choice (Fisher & Harrison, 2013:40).

Fisher and Harrison (2013:41) mention that the more frequently a person makes use of a substance, a psychological state of dependence occurs and consequently he or she experiences withdrawal symptoms when the substance use is terminated. In the instance of withdrawal symptoms occurring, that the same substance is often applied to relieve withdrawal symptoms which is however highly reinforcing the dependence of that same substance.

2.6.4 Socio-cultural model

The socio-cultural model explains addiction as related to *external factors* such as cultural, religious, family and peer variables or psychological factors having an effect on the individual abusing alcohol or other drugs. The socio-cultural model even defines certain populations being at risk for addiction in special socio-cultural settings such as youth in industrial societies, immigrants and refugees, poverty and affluence (Fisher & Harrison, 2013:39).

Fisher and Harrison (2013:40) state that alcohol and other drugs alleviate self-doubt and anxiety while enhancing social interaction among the adolescents in an industrial society, whereas immigrants and refugees have low rates of substance abuse following relocation but rates begin to rise after several years. Poverty and affluence can impact substance use in terms of the availability of these substances. In terms of poverty, substance abuse is often seen as a way of coping with stress of everyday life. People who are involved in cultural and religious groups that discourage or exclude alcohol and other drug use, are inclined to experience a low rate of addiction as long as they remain in the group.

2.6.5 Bio-psychosocial model

In the bio-psychosocial model of addiction, Fisher and Harrison (2013:49) state that the *interactions of biological, psychological, cognitive, social, developmental and environmental variables* are considered to explain addiction. This model is a reasonable conceptualization because it incorporates the other models into a single model; therefore a more holistic approach in treating a particular client is applied and all variables that might impact on a person's susceptibility to abuse are considered.

According to Snooks (2009:7), the bio-psychosocial model is based on what is known as a systems theory approach. Human events such as injury and illness exist within several interconnected systems and each system influences all the other. A change in one part of the system impacts to some extent on all other parts of a particular system.

For the purpose of this study the researcher has focused mainly on the bio-psychosocial model as a holistic framework to better understand addiction and finally also because of its reference to the systems theory which will be discussed in the following chapter.

2.7 CONCLUSION

In view of the for mentioned discussion on the nature of alcohol, the impact of alcohol on various biological, psychological and social levels, the development of an individual as well as on the functioning of a nuclear family, it is evident that alcohol abuse has a detrimental effect on families and on society as a whole. The causes of alcohol abuse are interrelated to a wide spectrum of physical, social, development and cultural factors as for example is also identified by Erikson in his model of eight developmental stages. Particular focus was also placed on the specific risks to a male and then in the same way also to a father in a nuclear family.

In the next chapter the functioning of nuclear families affected by alcohol abuse of a father from a systems theory perspective will be discussed. The systems theory will be explained in detail such as investigating the functioning of the family, explaining into more detail the nature of a nuclear family and the impact of an alcohol abusing father on the social functioning of this particular system.

CHAPTER 3

THE FUNCTIONING OF NUCLEAR FAMILIES AFFECTED BY ALCOHOL ABUSE OF A FATHER FROM A SYSTEMS THEORY PERSPECTIVE

3.1 INTRODUCTION

As it is clear from the previous chapter, the bio-psychosocial model of addiction relates to the systems theory where human events such as injury and illness exist within several interconnected systems and each system influences the others. A change in one part of the system immediately also influences other parts of the same system. This chapter will focus on the achievement of the second objective of this study, namely to describe the functioning of nuclear families affected by a father abusing alcohol. The systems theory perspective will serve as a framework to enhance better understanding of this phenomenon.

The abuse of alcohol by a family member may have a detrimental impact on the lives of the non-alcoholic family members including both the spouse and children. In this chapter the functioning of the nuclear family will be described comparing two scenarios: the functioning of a family where there is no alcohol abuse present as opposed to the functioning of the family subject to alcohol abuse.

3.2 THE SYSTEMS THEORY PERSPECTIVE

In order to first gain a better understanding of the systems theory and its relevance to understanding the functioning of the nuclear family, a theoretical overview will be provided, with the focus on the nuclear family and the impact of alcohol abuse on such families.

3.2.1 Background to the Systems Theory

Studies indicate that the most basic definition of a system is: a group of interacting components that constitutes certain identifiable sets of relations with other similar components and relations influencing the sum of the components and also other entities which may include other systems (Laszlo & Krippner, 1998:8). Brandell (2011:7) agrees with Laszlo and Krippner (1998:8) on the fact that a system is an organized whole made up of components that interact in a way distinct from their interaction with other entities and which endures over some period of time.

Laszlo and Krippner (1998:8) also state that a system is a set of two or more interrelated elements with the following properties: each element has an effect on the functioning of the whole and each element is affected by at least one other element in the system - all possible subgroups of elements firstly own these two properties. Potgieter (2010:54) concludes that a social system can be described as a unit of people which are connected through some form of relationship with one another in a particular context, space and time. A system also operates through rules that control everyday life and relationships between its parts and organizes itself into a whole that is more than the sum of its parts.

The term “*system*” according to Brandell (2011:3), emerged from Emile Durkheim’s (1897) early study of social systems as well as from the work of Talcott Parsons (1951). However, within the social work context, the systems perspective have been more heavily influenced by the work of the biologist Ludwig von Bertalanffy (1901-1972) and late adaptations by the social psychologist Uri Bronfenbrenner (1917). The latter two researchers examined human biological systems within an ecological environment. There are many different results to this perspective which has been developed and implemented across different fields of study. Ludwig von Bertalanffy is credited with being the originator of the systems theory as applied in the social work context. Von Bertalanffy, also a theoretical biologist was born and educated in Austria. He became challenged with the way linear, cause-and-effect theories used to explain growth and change in living organisms. He felt that change might occur because of the interactions between the parts of an organism, a point of view that represented a dramatic change from the similar theories of his day. Existing theories tended to be reductionist, understanding the whole by breaking it into its parts. Von Bertalanffy’s introduction of the systems theory changed that framework by looking at the system as a whole, with its relationships and interactions with other systems, as a mechanism for growth and change. These thoughts changed the way people used to look at systems and led to a new language; popularizing terms such as open and closed systems; entropy; boundaries; homeostasis; inputs; outputs; and feedback (Brandell, 2011:3-4).

According to Brandell (2011:4), Von Bertalanffy was influenced by Durkheim and Max Weber (1897), who were early pioneers in the field of sociology. They took the early systems theory as it was initially applied in the late 1800s and early 1900s and applied the principles to biological organisms and eventually also to human social systems. Max Weber was a

contemporary of Durkheim and well-known for his work studying complex social institutions and organizations. Unlike Durkheim, who believed that societies are sustained through consensus and the willingness of individuals to comply with normative expectations and roles, Weber on the other hand believed that governments and bureaucracies are essentially co-ercive in nature and are maintained through their “monopoly” in the legitimate use of violence or force.

The work of Durkheim and Weber directly influenced Talcott Parsons (1951), who built on to their work elaborating on the specific functions of social systems. Parsons was an American philosopher, economist, and sociologist interested in articulating a unified conceptual framework or “*grand theory*” for sociology. Parsons referred to his theoretical framework as “*structural functionalism*.” Structural functionalism states that social structures involve interaction and relationships amongst “*actors*” and is characterized by a functional imperative. This is to say that a defining attribute of a social system at the same time functions as its function in the larger social environment (Brandell, 2011:6).

3.2.1.1 The nature of the family systems theory

Brandell (2011:3 - 20) states that the family systems theory originates from the work of individuals such as Ackerman (1959), Jackson (1965), Minuchin (1974), and Bowen (1978). While this theory is typically applied in family counselling and therapy, much can be learnt from also investigating this theory in the context of early childhood settings. The family systems theory also has been applied in trying to understand the social challenges of students in school settings.

A primary concept in the family systems theory is that the family includes interconnected members, and every one member influences the others in predictable and recurring ways. The family systems theory explains why members of a family behave the way they do in a given situation. However, the family systems theory focuses on family behaviour rather than individual behaviour. The theory considers communication and interaction patterns, separateness and connectedness, loyalty and independence, and adaptation to stress in the context of the whole as opposed to the individual in isolation. The family systems theory

attempts to explain why members of a certain family behave the way they do in a given situation (Brandell, 2011:3 – 20).

The systems theory according to Brandell (2011:3) is a way of analysing increasingly complex systems across a continuum that encompasses the person-in- environment. Systems theory also enables an understanding of the components and dynamics of client systems in order to interpret problems and develop balanced intervention strategies, with the single goal of enhancing the “*goodness-of-fit*” between individuals and their particular environments. Systems theory does not specify particular theoretical frameworks for understanding problems, and it does not direct the social worker to specific intervention strategies. Rather, it serves as an organizing conceptual framework or meta-theory for understanding the functioning of the various systems. Systems theory is also an organizational theory that investigates interactions between systems. Typically in a family where the father abuses alcohol the interaction between family members are dysfunctional and may lead to certain conflicts and dysfunctional ties within the nuclear family system.

Certain factors in the social environment also affect the system and its outcomes and outputs. The system also interfaces with other systems or collateral systems. There are expectations on the role and function of the systems to conform to standards within the larger social environment. If the system does not subscribe to those norms, then the system is considered dysfunctional (Brandell, 2011:6).

If one looks again at the alcoholic father and family as mentioned in chapter two, the environment has a huge impact on the father abusing alcohol and this may also lead to conflict within the nuclear family system.

The systems theory acknowledges the fact that change in the family system is stressful and causes tension in the family. This applies to any change, positive or negative (e.g., death or other loss of a member, marriages, births, adoption, geographic moves, change in social status), because change requires families to dedicate resources and energy to adapt and adjust to their newly acquired circumstances. Family systems are sometimes described by therapists as being very difficult to redirect and resistant to change. Once systems have achieved a level of stability

or homeostasis, they apply concerted efforts to maintain their hard-earned balance. In fact, warnings have been offered about intervening to change an individual's alcohol abuse without adequately responding to the potentially destabilizing effect of an individual's recovery on the family system. The individual's drinking within a family may for example provide that particular family system with a homeostatic solution to otherwise distressed relationships (Brandell, 2011).

3.3 THE SYSTEMS THEORY PERSPECTIVE WITHIN THE NUCLEAR FAMILY

The systems theory has been an effective way of assessing families for decades and explains how a family should function and also what is expected of the family during every day functioning especially when problems occur. Murray Bowen (1913 - 1990) was the first and only psychiatrist to describe a theory explaining human behaviour. Bowen family systems theory is a theory of human behaviour that views the family as an emotional unit and uses systems thinking to describe the complex interactions in the unit. Bowen's theory describes the family's emotional processes over generations, and the way it influences how individuals may function as part of the family unit. Some individuals are permitted to the sensitivity of others and are allowed to go in his or her own self-determined direction. Others do not fit well with the needs and expectation of the family and might then be focused in a negative or an unrealistic positive way and thereby absorb more anxiety than is their fair share. Families are not perfect, they are organized to produce diversity in functioning to adapt to various circumstances. If all people were the same there would not be the variation in the ability to adapt to changing circumstances (Hersen & Gross, 2007: 15 - 59).

The following section will focus on the eight concepts of Bowen's family system and how these eight concepts may contribute to the abuse of alcohol within a nuclear family if each system is not being applied to the expected way within that particular family.

3.3.1 Bowen's family system

During the 1950s, Murray Bowen, along with other American psychotherapists, started to explore the significance and relation pertaining to a healthy family and a particular family member's emotional development. Bowen determined that the alcohol abusing individual is not only a product of the family's dynamic constitution, but also a predictable component of the

family's operating system (an emotional system that functions to maintain a family's survival). Bowen's distinctive theory, then, recognizes the family as an emotional unit whose functioning is rigorously determined by its patterned method of anxiety management Hersen and Gross (2007:15 - 59).

According to Schiff (2004:18), Bowen's conceptualization of the family's emotional system is that the family members are described as having developed emotional interdependencies to the point where the emotional system through which they are connected has evolved its own principles of organization and functioning. This resulting organizational structure then influences the functioning of various individuals and dyads much more than what they attempt to alter the functioning of the system. For example, a variety of different interaction patterns and sequences may be seen in families whose structure is guided by the covert rule that "*family members must protect one another*"; while changing any particular sequence would not alter this governing structure, altering the structure would reshape interaction patterns throughout the system. In the family where a father abuses alcohol, emotional interdependence might impact on other family members trying to protect him should he experience difficulties as a result of his alcohol abuse.

As already mentioned, Bowen's family system has eight interlocking concepts according to Schiff (2004:18) and will be explained in detail. These concepts are:

- Triangles;
- Differentiation of self;
- Nuclear family emotional system;
- Family projection process;
- Emotional cut off;
- Sibling position and
- Societal emotional process

All of these concepts operate at least to some degree, within every family. Using his knowledge of families as they function according to their biological and evolutionary makeup, Bowen developed these concepts as products of the universal emotional system that guides all of the maturation, growth and functioning within the family unit.

The most challenging matter to family systems affected by alcohol abuse is the requirement that individuals need to move beyond the position of a victim of alcohol abuse, towards a state of accepting the fact that each family member is an anxious contributor to a problem.

In order to gain insight regarding the application of the family systems theory, and for the purpose of application of the relevant concepts, a case study will next be presented.

Case study of an alcohol abusing father

Ed and Beth had been married 4 years when Ed's drinking first became a problem. As his drinking increased, he worked less at his municipal job (he was a refuse worker) and spent less time with his wife and two children, ages 1 and 3 years old. Beth requested Ed to rather leave the family because due to his drinking he was becoming increasingly aggressive when he came home after a night of drinking. Ed moved in with a co-worker, Thomas, who was a drinking buddy of Ed's and an occasional marijuana user. After two and a half months, Ed asked Beth if he could return home, telling her he "*wasn't drinking as much*" any more. Beth found out, after Ed returned, that the return home was also prompted by the fact that his supervisor confronted him about his regular absence from work, as well as showing up late for work. Ed's father was also a person who abused alcohol, being the only role model for Ed during his development to his children years. An alcohol abusing father was thus the only example Ed had to learn about being a father and a husband to his wife (Long & Young, 2007:295).

This case study will for the remainder of this chapter be applied as a reference to indicate why Ed maintains his alcohol abuse.

3.3.1.1 Triangles

The first of Bowen's concepts in his family Systems theory, namely **triangles** explains the tendency of individuals to relate to each other in systems of three. Triangles occur because a dyad, or two-person relationship, is unable to contain, or manage, much anxiety before a third member or a third element is needed to absorb the excessive anxiety. A triangle is considered to be a building block of larger emotional systems because a triangle is the smallest stable relationship system. A two-person system is unstable because it tolerates little tension before involving a third person. While the most frequent form of triangle – *ling* takes place between

parents and one or more children, the third party can be filled by anyone from a grandparent to a lover and any other element ranging from work to drugs or alcohol (Schiff, 2004:20).

People, who are undifferentiated in the triangle, tend to create long lasting and important stressors in both this relationship and their well-being, since the stressors often shift the focus of attention to matters outside the self. Alcohol abuse is one example of such a stressor together also with money and mental illness because these stressors all add to anxiety and stress. In Ed and Beth's case, Ed is creating a stressor between him, his wife and his children by resorting to alcohol abuse. This stressor is contributing to ruining the relationship with Ed as a husband and as a father.

3.3.1.2 Differentiation of self

According to Schiff (2004:23), Bowen defines the second concept, "*differentiation of self*", as the degree to which an individual family member joins with another family member in close emotional relationships. By "*self*," Bowen is referring to that individual capacity and properties which cannot be traded or lost when with others. This term does not refer to the divided psyche that Freud characterizes with the id, ego, and superego. Also called the "*basic self*," it is the ability to adhere to one's own principles and stay goal driven no matter what the degree of emotional pressure or anxiety might be. Bowen soon came to realize that not many people has a strong "self" to their disposal because it necessitates the use of the cerebral cortex over the more innate emotional system that we share with animals. The less developed a person's '*self*,' the more impact others might have on his/her functioning and at the same time the more this particular individual will attempt to either control (actively or passively), the functioning of significant others. If an individual does not have enough self to accomplish his or her goals, he or she will then attempt to manipulate others through such mechanisms as bullying, rebellion, and/or guilt.

People with a poor differentiation of self, depend so heavily on the acceptance and approval of others that they either quickly change their thoughts or words, simply to please others. The less developed a person's self, the more impact others will have on his/her functioning and this may can again lead to peer pressure to regarding the use or even abuse of substances. It is there for

clear that in the event of a low-self-esteem an individual may easily resort to alcohol or substance abuse simply in an attempt to feel better about him- or herself.

Ed seemingly has a poor differentiation of self and in this case study, the weak self probably prompted him to seek for acceptance from his friend, Thomas. He also opted to drink socially with his friend and eventually also used drugs under Thomas's influence. Thomas has a negative impact on Ed, which may be a contributing factor regarding Ed's alcohol – and drug abuse.

3.3.1.3 The nuclear family emotional system

Bowen's third concept, the nuclear family emotional system, comprises three basic relationship- patterns or models (see later in this paragraph) according to which all families tend to function. Some families only operate according to one model while others exhibit characteristics of them all. The degree to which families adhere to these patterns in order to limit daily anxiety determines their ability to function in an acceptable manner.

Firstly, when marital conflict within the family pattern needs to be dealt with by the couple, they tend to externalize their anxiety during periods of high tension. Usually marital partners in a relationship have experienced conflict in their families of origin and blame the other member for all of their problems, they become critical, project their problems onto others, and/or behave abusively. In the first emotional pattern namely the dysfunctional behaviour of one spouse, both members of the couple depend on the dysfunction of the other in order to manage the family's anxiety. One spouse pressures the other to think and act in certain ways and the other yields to the pressure.

A second emotional pattern namely the impairment of one or more children is mostly a product of severe triangle-ling. In this pattern, the spouses focus their anxieties on one or more of their children and the more the parents focus on the child the more the child focuses on them. Therefore the child develops less self and is less able to differentiate a self. Impairment of a child for the sake of managing the parents' anxiety may lead to learning disabilities, delinquency, drug addiction, and/or critical mental illnesses, such as schizophrenia.

The third emotional pattern namely emotional distance normally develops when a couple terminates all intimate connection with each other in order to minimize tension, (Schiff, 2004:27) (**Also see paragraph 3.3.1.6: Emotional cut off**).

Most people tend to choose spouses who have the same characteristic traits as their family of origin and sometimes those people are undifferentiated people who are equally attached as the spouse of their choice. The family most probably will be unstable as the spouses will contribute to the development of undifferentiated children and this can lead to various options in seeking to reduce tension and maintain stability such as alcohol, drugs and being co-dependent.

Because of Ed's heavily drinking, Ed and Beth is experiencing conflict within their marital relationship and this can lead to divorce and an unwanted example for their children. Their two children will observe and model their parents' behaviour and in this way perpetuate a similar negative marital see pattern once there are also married.

3.3.1.4 Family projection process

The fourth interlocking concept of Bowen's family systems theory, borrows the term "*projection*" from Freud. Freud applied this term to describe unwanted impulses with the individual – impulses that the individual is not recognising in him or herself but indeed locate those impulses in others, external to the self. However, Bowen's conception of projection is more contextual than Freud's. For Bowen, projection occurs when individuals cannot accept their fears, regrets, and anxieties, which they then transmit to a willing other. Kerr in Schiff (2004:42) defines projection as the primary manner in which parents transmit their emotional problems to a child. The parents' fears and perceptions shape the child's development and behaviour so that the child eventually grows to embody their fears and perceptions as projected unto them by the parents (Schiff, 2004:42).

In the family projection process a cycle is established, because the one parent may see the child as a support system and be over protective, so everything the child does according to the mother is right. The mother then infantilizes the child, who in turn becomes demanding and impaired leading to becoming an alcoholic or unemployed (Schiff, 2004:42).

3.3.1.5 Multigenerational transmission process

Schiff (2004) states that the fifth interlocking concept of Bowen's family systems perspective is the multigenerational transmission process, which allows for a systemic reading that extends beyond the nuclear family and into the extended family. Referring back to differentiation of self, a small difference in the levels of differentiation between parents and their offspring lead over many generations to marked differences in differentiation among the members of a multigenerational family.

Goldenberg and Goldenberg (2013:217) mention that in severe dysfunctions, the result of chronic anxiety transmitted over several generations is conceptualized. The selection of a spouse with a similar differentiation level and the family projection process that results in lower levels of self-differentiation are crucial in this concept. Children less involved in parental over-focusing can develop a higher level of differentiation than their parents. As each generation produces individuals with progressively poorer differentiation, those people are increasingly vulnerable to anxiety and fusion, as noted in marital conflict, spousal dysfunction or child impairment.

If Ed and Beth's children are involved in their parent's conflict, this may lead to the two children developing anxiety and confusion. Ed could have been exposed to his father's and mother's conflict when his father came home intoxicated and feels that it is normal for his children to be exposed to his and Beth's conflict.

3.3.1.6 Emotional cut off

Emotional cut off, the sixth interlocking concept of Bowen's theory as mentioned by Schiff (2004:48), is the driving force of the fourth nuclear family emotional pattern, emotional distance. Emotional cut off is when people manage their unresolved emotional issues with parents, siblings, and other family members by reducing or totally cutting off emotional contact with them. In order to deter their anxiety, many individuals will choose to cut off from a significant person in their relational field. While they may claim that such issues as money, divorce, or religion are the source of the cut off, the underlying rationale really stems from the low differentiation of the family (or societal) members. People who cut off their families of

origin, are more prone to doing so within the workplace, friendships, and intimate relationships. (See: **paragraph 3.3.1.3: The nuclear family emotional system**).

Because people who emotionally cut off tend to be involved in smaller systems of people, the few relationships they do retain are extremely intense, and therefore volatile.

Emotional cut off reflects a problem, solves a problem and creates a problem and occurs mostly in families where the levels of anxiety are high. This usually leads to family members abusing alcohol or other drugs in order to ignore their family and forget that he or she actually has relations.

Ed might have felt emotionally cut off when his father was absent or when his father and mother had conflict and that might have lead Ed to feel that his father did not want to spent time with him as a son. Ed and Beth's children may also feel emotionally cut off, because Ed and Beth are fighting and forgetting about their children. This behaviour may also lead to their two children turning to alcohol or other unwanted behavioural patterns in order to receive much needed attention.

3.3.1.7 Sibling position

Sibling position, the seventh interlocking concept as described by Bowen, provides a perspective for understanding how a particular child is chosen to be involved in the family projective process. Further also, the degree to which the sibling's profile fits the "normal" perspective and expectations regarding the developmental stage in which the child currently is, provides a way of understanding the level of differentiation and the projective process from generation to generation (Schiff, 2004:51).

The child with a low status within the family may feel rejected as the other child or children may be seen as the siblings achieving well in both sport and academia. This may lead to the child who feels rejected to start perceiving himself or herself as '*I'm not good enough*' and '*no one wants me around*' in which instance this particular child may turn to friends who do accept them and make them feel wanted. These kind of friends may easily be not necessarily the preferred friends for the family and the risk is always present in such instances that peer pressure towards the abusing of alcohol or other drugs may happen.

Ed was both the only and the eldest child which could have led him feeling rejected, because his father was always absent. When his father did stay home, he did not choose to spend time with Ed or go see a sport match Ed played, but instead rather spent time in front of the television or sleep the whole day.

3.3.1.8 Societal emotional process

The final concept of Bowen according to Schiff (2004: 59) is the societal emotional process and this concept conveys that when a family is subject to chronic, sustained anxiety, the family begins to lose contact with knowledgeably determined principles and resort to more and more emotionally determined decisions to allay the anxiety of the moment. The end product of the process is symptoms and eventually regression to a lower level of functioning. Societal emotional process describes how the emotional system governs behaviour on a societal level, promoting both progressive and regressive periods in a society. Cultural forces are important in how a society functions but are insufficient for explaining the flow in how well societies adapt to the challenges that face them.

Goldenberg and Goldenberg (2013:219) also state that in the final concept, Bowen extended his thinking to society's emotional functioning. Society, like the family, demonstrates inherent opposing forces toward undifferentiating and toward individuation.

Ed, according to this concept, is possibly subject to anxiety due to his work stress and the emotions attached to his growing up with an alcoholic father. These factors might be causes leading to Ed's drinking and feelings that turning to alcohol is the only way out of certain situations.

According to the above mentioned it is clear that the family systems perspective provides a clear framework to understand the impact of an alcohol abusing father on the family system.

Subsequently the nature of the nuclear family will be discussed in order to gain better insight of the particular subsystems present in the nuclear family.

3.4 THE NUCLEAR FAMILY

Understanding the term “*family*” is critical to a contemporary appreciation for the many diverse forms that families may take, and the many different cultural definitions of the term, “*family*”. Early research adopted a variety of nuclear family types and definitions involve for example: A family may be seen as a group of individuals living together and being related to one another through either “*blood*” relationships or legal commitments such as marriage and adoption.

Culturally competent social work practice, on the other hand, extends the definition of family membership to include a much wider range of individuals who are linked through various types of formal and informal kinship ties. A family is seen as a complex and interactive social system in which all members’ needs and experiences affect others. A family has different meanings to different people (Goldenberg & Goldenberg, 2013; Lamb et al., 2009:487).

This section will focus on the nature of a nuclear family, the functioning of a nuclear family and also the functioning of the nuclear family when it is affected by alcohol abuse. Two types of families may be distinguished, namely the nuclear family and the extended family. For the purpose of this study, the focus is on the nuclear family. The following definitions of both the extended family and the nuclear family will contribute to an understanding of the difference between the two family types.

The **extended family** according to Guez and Allen (2000:17) is made up of all members of a nuclear family, including the grandparents, aunts, uncles, and/or cousins, all living together as one family. In traditional African societies, most families are extended. In the previous Western generation, families also used to live more closely and intimately together. Currently, more and more families are becoming nuclear, especially those living in urban areas.

The **nuclear family** according to Guez and Allen (2000:17) consists of only the father, the mother and children living together under one roof. In nuclear families, although individuals have more autonomy and freedom in making their own decisions, they also tend to be burdened by the demands of a busy life, without the support and assistance of amore extended family.

Goldenberg and Goldenberg (2013:1) elaborate further and also suggest a broader definition of what a nuclear family really comprises. They state that a family is much more than a collection of individuals sharing a specific physical and psychological space. While families occur in diverse forms and complexities in the current and rapidly changing society, representing a multiplicity of cultural heritages, each family may still be considered a natural, sustained, social system with a number of unique properties. These unique properties may involve an evolved set of rules, various assigned and ascribed roles for its members, an organized power structure, intricate overt and covert forms of communication and lastly numerous ways of negotiating and problem solving that permit various tasks to be performed effectively.

A family has long been seen as a social institution that unites individuals to work cooperatively in the bearing and raising of children. The family is built upon a mutual feeling of kinship, based on blood ties, adoption or marriage relations, and traditionally established around marriage (Goldenberg and Goldenberg, 2013).

The section below will provide a more detailed description on what a nuclear family constitutes.

3.4.1 Conceptualizing a nuclear family

Le Poire (2005:2) states that families are primarily composed of involuntary (children born into a family) and voluntary (people wanting to get married by choice) relationships that are often widespread with emotional intensity, indirect insinuation and backgrounds of both great pleasure and intense grievance. The reasons why families provide such interesting material for research, may be ascribed to the fact that most family members originate from their own unique background and most people, out of their own choice, are moving toward some new sort of an institution, such as a new family or family of procreation. Many people originate from family situations that were highly satisfying and they report feeling nurtured, loved and supported. Often the family of origin is perceived as an ideal situation of a perfect family, whereas a family struggling with some challenges is less fortunate and persons originating from such a family usually come from families where people experienced high levels of control with less nurturing elements and these members will recall their dissatisfaction with their experiences.

For some people, the concept of a nuclear family may imply two parents who both may or may not be fulltime-employed, working outside the home and children residing together, including a father, a mother and siblings (Le Poire, 2005:4). Hepworth and Larsen (2013:3) agree with Le Poire (2005:4) on the fact that a family consists out of two or more people who are related by blood, marriage or adoption and who live together, forming an economic unit, and bear and raise children. Both above mentioned authors state that a family signifies a set of statuses and roles acquired through marriage, procreation, adoption or a recognition and inclusion of certain persons as family members.

Furthermore a family may be seen as a network of people who share their lives over a long period of time and is bound by ties of marriage, blood or commitment. Together they share a significant history and anticipated future of functioning within a family relationship. A family can be regarded as a network of people or a social group characterized by common residence, economic cooperation and reproduction. It may include parents or adults of both sexes, at least two of whom are maintaining a socially approved cohabitating sexual relationship including one or more children. The children may either be their own biological children or they may be adopted (Le Poire, 2005:7). Some families however may also consist of lesbian - and gay couples and according to Long and Young (2007:317), gay and lesbian couples experience many of the same issues, such as struggles with finances, division of household duties, career-related stress, intimate relations and extended family relationships as is the case with heterosexual (male and female) couples. A gay couple would consist of two males or two females who cohabit or are married. For the purpose of this study, the nuclear family which consists of a male and female with their children or step children is selected. The nuclear family forms the basic institution from which more complex familial relations are compounded. It is also a distinct and strongly functional group in every known society.

Edward (2009:1-3) highlights many other types of families such as adoptive families that consist of a family where one or more of the children are adopted, bi-racial, multi-racial or cross-cultural families where the parents are members of different racial or identity groups, blended families where the family consists of members from two (or more) previous families, broken home families where the families consist of divorced families, co-custody families, where divorced parents both have legal responsibility for their biological children, conditionally

separated families where a family member is separated from the rest of the family, extended families where grandparents or aunts and uncles play major roles in the children's upbringing, foster families where one or more of the children is legally a temporary member of the household, single parent families where it can either be a father or a mother who is singly responsible for the raising of a child and lastly the nuclear family where a family consists of a married man and woman and their biological children.

Each family system in itself is embedded in a community and a society at large, is moulded by its existence at a particular place and time in history, and is further shaped by a multitude of interlocking phenomena, such as race, ethnicity, social class membership, family life cycle stage, number of generations in this country, immigration status, sexual orientation, religious affiliation, the physical and mental health of its members, level of educational attainment, financial security, socio-economic status, and family values and belief systems. All of these factors and many others, influence the system's development, beliefs, standards for acceptable behaviour, degree of flexibility in meeting both normal developmental challenges and unanticipated crises, and in general its adaptability and stability over time (Goldenberg & Goldenberg, 2013:1).

All the above mentioned definitions indicate a common agreement that a nuclear family consists of two or more people and is bound by marriage, blood or adoption. This is what a functional family should look like without extended family living with the nuclear family.

3.4.2 The functioning of the nuclear family

Growth and change in families and the individual members who compose them occur concurrently, and understanding their interactions, is essential in carrying out any reparative or preventive work. In the process of growing up, family members develop individual identities but nevertheless remain attached to the family group, which in turn maintains an evolving identity or collective image of its own. These family members do not live in isolation, but rather are dependent on one another not merely for money, food, clothing, and shelter but also for love, affection, mutual commitment, companionship, socialization, the expectation of long-lasting relationships, and fulfilment of other non-tangible needs. They maintain a history by telling and retelling their family "story" from one generation to the next, thus ensuring a sense

of family continuity and shaping the expectations of members regarding the future. To function successfully, members need to adapt to the changing needs and demands of fellow family members as well as the changing expectations of the larger kinship network, the community, and society at large (Goldenberg & Goldenberg, 2013:2).

Goldenberg and Goldenberg (2013:2) further argue that apart from the family's survival as a system, a well-functioning family strives to encourage the realization of all individual potential of its members allowing them freedom for exploration and self-discovery along with protection and the instillation of a sense of security. Research that was conducted by the Texas Woman University (2012:1) further explains that healthy families are not perfect; they may demonstrate yelling, arguing, misunderstanding, tension, hurt, and anger sometimes, but not all the time. In healthy families, emotional expression is allowed and accepted. Family members can freely ask for and give attention. Rules tend to be made explicit and remain consistent, but with some flexibility to adapt to individual needs and particular situations. Healthy families allow for individuality; each member is encouraged to pursue his or her own interests, and boundaries between individuals are honoured. Children are consistently treated with respect, and do not fear emotional, verbal, physical, or sexual abuse. Parents can be counted on to provide care for their children. Children are given responsibilities appropriate to their age and are not expected to take on parental responsibilities. And finally, in healthy families, everyone sometimes make mistakes, however mistakes are allowed and perfection is unattainable, unrealistic, and potentially dull and sterile.

A significant number of families, however function at a dysfunctional level and for the purpose of this study, the nuclear family that is dealing with an alcoholic father is further investigated and will subsequently be presented.

3.4.3 The functioning of the nuclear family where alcohol is abused

When a family is no longer able to deal with its problems, and cannot provide in the basic physical, security, effective and emotional needs of its members, this kind of family is referred to as being '*dysfunctional*'. There are many reasons why a family becomes dysfunctional. Amongst others, there are possible factors contributing to dysfunctional families such as alcoholism, drug addiction, physical illness, death, war, poverty, unemployment, mental illness,

spouse abuse, child abuse, divorce and separation, polygamy and more (Guez & Allen, 2000:14).

Dayton (2012:1) states that in families where addiction is present, it is often painful to live in, which is why those who live with addiction may become traumatized to varying degrees by the experience. Serious instability on different levels is experienced, such as broad swings, from one end of the emotional, psychological and behavioural spectrum to the other, all too often characterize the addictive family system. Living with addiction may put family members under unusual stress. Normal routines are constantly being interrupted by unexpected or even frightening kinds of experiences that are part of living with substance use. What is being said often does not correlate with what family member's sense, what they sense beneath the surface or what they observe right in front of their eyes. The alcohol user as well as family members may bend, manipulate or deny reality in their attempt to maintain a family order that they experience as gradually slipping away. The entire system becomes absorbed by a problem that is slowly spinning out of control. Small matters become big and serious matters are minimized as pain is denied.

When alcohol or other substances are introduced into a family system, the family's ability to regulate its emotional and behavioural functioning is severely challenged. The family will generally try as a unit to achieve some form of balance itself. In alcoholic homes, this so-called balance may become a dysfunctional condition. Family members may become subsumed by the abuse of alcohol to such an extent they lose their sense of normality. Their lives become centred regarding hiding the truth from themselves, the children and their relational world. Trust and faith in an orderly and predictable world can be challenged as their family life becomes chaotic, promises are broken and those they depend upon for support and stability behave in untrustworthy ways. Both children and adults in this family may lose their sense of whom and what they can depend upon. Because the disease is progressive, family members seamlessly slip into patterns of relations that become increasingly more dysfunctional (Dayton, 2012:1).

According to a research conducted by the Texas Woman University (2012:2), alcoholic families tend to be chaotic and unpredictable. Rules that apply one day do not apply the next and promises are neither kept nor remembered. Inconsistency becomes the norm. Expectations vary

from one day to the next and parents may be strict at times and indifferent at others. In addition, emotional expression is frequently forbidden and discussion about the alcohol use or related family problems is usually non-existent. Family members are usually expected to keep problems and challenges a secret, thus preventing anyone from seeking help. All these factors usually leave children with feelings of insecurity, frustration and anger.

Children often experience feelings of guilt and question their own contribution regarding the behaviour of their parents. The children may be of the opinion that there must be something wrong with them which is the cause of their parents' behaviour. Mistrust of others, difficulty with emotional expression, and difficulties with intimate relationships are carried over into adulthood. Children of alcoholics are at much higher risk for developing alcoholism as opposed to children of non-alcoholics (Texas Woman University 2012:2).

According to the Integrated Service Delivery Model (2006: 1 - 20) the desired level of social functioning in communities could be reached by reintegrating statutory services, early intervention and community awareness. These levels of social work intervention could be implemented in order to assist nuclear families where alcohol is abused and in this manner enhancing the quality of the lives of these involved persons and families.

From the above mentioned argument it is clear that the excessive drinking of a father has an overwhelming and major negative impact on the functioning of a nuclear family system.

3.5 CONCLUSION

The systems theory is clear on how a family under so-called functional conditions is supposed to function under ideal condition, but also indicates the detrimental nature of functioning of that same family in the event of alcohol abuse within that particular family. Bowen's family systems theory perspective explains eight interlocking concepts, the theory focusses on what a family is, the nature of family functioning, and also what happens when the family does not comply with certain rules within the family structure. If the eight interlocking concepts are not applied according to Bowen, some of the family members might turn to other sources of acceptance, comfort, satisfaction and love. Alcohol- and other substance abuse is a clear alternative, and socializing with the wrong crowd of friends may soon follow together with substance abuse.

As seen in Ed and Beth's case study, alcohol abuse by Ed has had a major impact on the development and growth of the children, the marital relationship and also on Ed's work situation. Because Ed's father abused alcohol that was the only example Ed has had as a child growing up and he now simply implements what he experienced when growing up in his own family of origin. His perception from his own family is that it is alright when he goes out and drinks, or comes home intoxicated, or is absent during his children's developmental years. A number of the mentioned interlocking concepts have been interrupted during Ed's childhood development causing Ed to resort to abusing alcohol.

In fulfilling the third objective in this study, the next chapter, chapter four, will present the views of social workers on the functioning of a nuclear family where alcohol is abused by the father.

CHAPTER FOUR

EMPERICAL INVESTIGATION ON THE VIEWS OF SOCIAL WORKERS PERTAINING TO THE FUNCTIONING OF NUCLEAR FAMILIES AFFECTED BY ALCOHOL ABUSE BY A FATHER

4.1 INTRODUCTION

The literature review in the previous chapters serves as a foundation for the empirical study. The following chapter aims to meet objective three, as indicated in chapter one. In doing so, the views of social workers on the functioning of nuclear families affected by alcohol abuse by a father will be presented according to the implementation of an empirical study.

The resultant data of the study will be analysed according to a qualitative analysis-method, taking into account the established research methodology. Both statistical analyses of the numerical data through the utilization of tables and figures, and interpretations of narratives provided by participants, are presented. This data was collected through the use of semi-structured interviews and the data was analysed according to an exploratory and descriptive research design. Reference to the literature study as provided in chapters two and three, together with discussions indicating the correlation with the presented data, are provided. Lastly, relevant deductions regarding the identified themes, sub-themes and related categories are presented.

SECTION A: RESEARCH METHOD

In this section, an overview of the research method employed for the gathering of data toward the interpretation and analysis of the empirical findings are presented.

4.2 PREPARATION FOR THE INVESTIGATION

4.2.1 Pilot study

As mentioned in chapter one, a pilot study was conducted where the researcher implemented the data collection method with only one identified participant. This participant fully complied with the criteria to qualify for this research. The aim of the pilot study was to firstly test the

established measurement instrument for its efficiency and effectiveness, in this instance a semi-structured questionnaire. Secondly certain amendments could be made in cases where the questions seemed unclear.

A pilot study in qualitative research is usually informal, and a few participants possessing the same characteristics as those of the main investigation may be involved in the study, merely to ascertain certain trends. The purpose of a pilot study is furthermore to determine whether the relevant data can be obtained from the respondents. A pilot study in qualitative research allows the researcher to focus on specific areas that may have been unclear previously or to test certain questions. A pilot study also assists in estimating the time and costs that may be involved, as well as pre-empting problems that may arise during the actual study (De Vos et al., 2011:390). During this pilot study it became clear that the information needed, namely the views of social workers on the impact of alcohol abusing fathers on the social functioning of the nuclear family, would be successfully provided.

4.2.2 Research sample

The sample group consisted of twenty (20) participants as identified within the geographical area of the Western Cape. Social workers from Non-Profit Organisations, Government departments and private organisations were utilized in order to complete the study. The participants represented three welfare organisations (5 ACVV branches in the Western Cape; Hesketh King Stellenbosch; Department of Social Development, Paarl and 4 private practices). All of these social workers are seasoned workers and have social work experience between 4 years en 21 years in rendering specialised services in the field of either alcohol or drug dependence and/or child and family welfare in the Cape Metropole. The following criteria for inclusion were applied. The participants had to:

- have more than two years of experience as a social worker;
- have experience in the substance abuse field;
- be employed by either a welfare organisation or private practice;
- be proficient in English and/or Afrikaans, and
- be employed in the geographical area of the Western Cape.

4.2.3 Research approach and design

A qualitative study, including certain quantitative elements, was chosen along with a phenomenological approach. De Vos et al. (2011:65) define qualitative research as an approach that focuses on the description and understanding rather than the explaining or predicting of human behaviour. Naturalistic observations rather than controlled measurements and the subjective exploration of reality from the perspective of an insider as opposed to the outsider perspective are furthermore also predominant in the **qualitative** paradigm that tension is caused within the family (De Vos et al., 2011:65).

The research design that was implemented in this research study was the phenomenological research design which was exploratory and descriptive of nature. De Vos et al. (2011: 316) describe phenomenology as a manner to provide a description of human experiences as it is experienced by the participants and accordingly to better understand the phenomena under study. The researcher aimed to explore and describe as accurately as possible the phenomenon, for the purpose of this study, the views of social workers on the impact or dynamics of family functioning in nuclear families affected by alcohol abuse by a father.

A combination of exploratory and descriptive designs was utilized as the framework for the research approach, in order to allow the utilization of both quantitative and qualitative design elements.

4.2.4 Data gathering and analysis

Data analysis is the activity of making sense of, interpreting and theorizing data. Qualitative data analysis is first and foremost a process of inductive reasoning, thinking and theorising which certainly is far removed from structured, mechanical and technical procedures to make inferences from empirical data of social life. At the stage of analysing the data, the researcher will do data reduction, presentation and interpretation (De Vos et al., 2011:397, 336). In this section the researcher also indicates conclusions reached as based on the evidence collected during the interviews with the 20 participants. The researcher strived in various ways to avoid errors, false conclusions, and misleading inferences. It was important to be vigilant and alert for possible mistakes or deceptions. The researcher needed to sort through various explanations, discussions, and descriptions, and evaluate the merits of various ways to describe and explain.

The researcher used Tesch's (Creswell, 2007:185 -187) generic steps to analyse the collected data. These required steps of analysis involved:

- organising and preparing the data for analysis;
- reading through the data;
- starting a detailed analysis with coding of data;
- generating of descriptions of either the setting or the people as well as categories or themes for analysis based on the coding process;
- concluding on how the description and themes will be represented in the qualitative study, and
- making and presenting interpretations or meaning of the data.

Data must also be determined to be reliable, in the sense that the same results will be brought about in future endeavours or tests, as in the past (De Vos et al., 2011:177). Data collected were verified against the literature presented in the literature studies.

SECTION B: EXPOSITION OF EMPIRICAL FINDINGS

This section involves an exposition of the various themes, sub-themes and categories which were identified through the data collected in the semi-structured interviews. This will be done by means of an established process whereby each theme will be further analysed into separate sub-themes. The sub-themes will then be analysed according to identified categories, the categories for each sub-theme will be presented by means of a table. The categories will be analysed using further participant dialogues, tables and figures as well as relevant literature and deductions of the researcher.

The final findings are based on the process of data analysis while the data was collected by the researcher when conducting the research interviews. This is the process of bringing order, structure and meaning to the mass of collected data. This process involves "*inductive reasoning, thinking and theorizing which is far removed from structured, mechanical and technical procedures to make inferences from empirical data of social life*" (De Vos et al., 2011:399).

4.3 THEMES, SUB-THEMES AND CATEGORIES

Six themes were identified and based on these themes, a number of sub-themes were identified. Categories were identified based both on the sub-themes and the data provided by the participants. The themes, sub-themes and categories as relevant to this study, are presented

below in **Table 4.1: Themes, sub-themes and categories: The functioning of nuclear families affected by alcohol abuse of a father: The views of social workers.**

Table 4.1: Themes, sub-themes and categories: The functioning of nuclear families affected by alcohol abuse of a father: The views of social workers

THEMES	SUB-THEMES	CATEGORIES
1. Profile of participants.	1.1 Years of experience	
	1.2 Type of service provider	
	1.3 Core business of participants	
	1.2 Average caseload per month	
	1.5 Percentage clients affected by alcohol abuse by a father	
2. Alcohol abuse context	2.1 Status of alcohol abuse in South Africa	• Problem in S.A.
	2.2 Social problems related to alcohol abuse	
3. Factors leading to alcohol abuse	3.1 Genetic influences	
	3.2 Environmental influences	• Peer pressure
	3.3 Psychological influences	
	3.4 Other	<ul style="list-style-type: none"> • Cultural • Bio-psychosocial • Low functioning
4. Effect of alcohol abuse	4.1 Family	<ul style="list-style-type: none"> • Physical and emotional abuse • Family roles • Decrease of income
	4.2 Children	<ul style="list-style-type: none"> • Neglect of children • Children being abused emotionally and physically • Behavioral problems at school
	4.3 Parenting skills	• Poor role models
	4.4 Marital relationship	<ul style="list-style-type: none"> • Domestic violence • Conflict • Divorce
5. Systems theory	5.1 Effect of alcohol abuse in systems theory	• Disorganised Family functioning
6. Social work and Alcohol Abuse	6.1 Experience of social workers	
	6.2 Role of social workers in alcohol abuse	<ul style="list-style-type: none"> • Supporting families and alcoholics. • Encouraging rehabilitation. • Implementing prevention programs.

For the balance of this chapter, the presentation will be according to the above mentioned themes, sub-themes and categories.

SECTION C: PROFILE OF PARTICIPANTS

In this section the biographical information of the participants will be presented and discussed, according to the predetermined set of questions on the semi-structured interview schedule. Relevant figures and tables will be utilized for this purposes.

4.4 THEME 1: PROFILE OF PARTICIPANT

The question in the semi-structured questionnaire that was aimed at the biographic information was to determine the participant's professional profile and included questions such as their years of experience, the type of services provided, the core business of the participants, their average case load per month, and their experience of the percentage of clients affected by alcohol abuse by fathers. This biographical information of the participants as received will be presented below in **Table 4.2: Profile of the participants.**

Table 4.2: Profile of the participating social workers

PROFILE OF THE PARTICIPATING SOCIAL WORKERS		
YEARS OF EXPERIENCE	Frequency (n=20)	Percentage (%)
6 months-5 years	5	25
6-10 years	4	20
11-15 years	2	10
16-20 years	2	10
More than 21 years	7	35
TYPE OF SERVICE PROVIDER		
Public sector	11	55
Private sector	9	45

CORE BUSINESS		
Child protection	11	55
Counsellor in substance abuse	3	15
Research in Foetal alcohol syndrome	3	15
Family	12	60
Rehabilitation programme	1	5
Forensic Social Work	1	5
TOTAL CORE BUSINESS**	31**	
AVERAGE CASELOAD		
No Caseloads	2	10
Caseloads: 50 - 69	5	25
Caseloads: 70 - 89	4	15
Caseloads: 90-109	3	15
Caseloads: 110 - 129	2	10
Caseloads: 130 - 149	2	10
Caseloads: 150+	2	10
% OF CLIENTS AFFECTED BY ALCOHOL ABUSE		
0 – 29%	5	25
30 – 59%	4	20
60 – 89%	7	35
90 – 100%	4	20

****Participants could give more than one answer**

In terms of the data as indicated in Table 4.2 above, it is clear that the majority of participants, seven (7) or 35% of the sample (n= 20), has more than 21 years of professional experience. The majority of participants, eleven (11), or 55% has experience in the public sector. Although participants could provide more than one response to the next question, the top two categories of core business are still as follow: twelve (12) or (60%) and eleven (11) or 55% indicate that they are working in the field of child care and in the field of family care. The number of the

participant's caseloads vary between 0 and 150 cases per month. The number of cases that entail work with clients affected by alcohol vary between four (4), 20%, and seven (7), 35%.

In the light of the mentioned data, it may be concluded that the social workers in this study were all experienced and knowledgeable to provide the required information.

The following sub-themes are consequently presented.

4.4.1 Sub-theme 1.1: Years of experience

In order to obtain data on the participant's years of experience, they were asked to indicate the number of years indicating their work experience in social work. The results are presented below in **Figure 4.1: Number of year's work experience.**

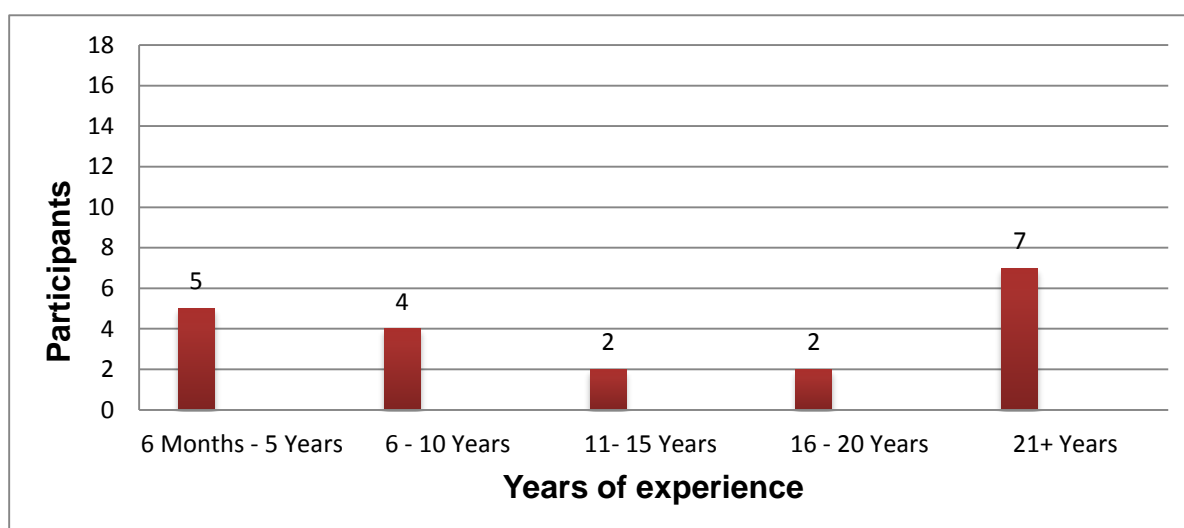


Figure 4.1: Number of year's social work experience

(N = 20)

Seven (7) of the participants (35%) have over twenty one years of experience within the social work field. Four (4) of the participants (20%) have between eleven and twenty years of experience. Five (5) participants (25%) have between six months and five years of experience and four (4) of the participants (20%) have between six and ten years of experience.

Literature reveals that experienced social workers are needed when dealing with substance abuse (O'Hare, Tron & Collins, 2002).

4.4.2 Sub-theme 1.2: Type of service provider

All participants were asked to give an indication of the type of service provision that they render in terms of being a public or private organization. The results are presented below in **Figure 4.2: Type of Service provider.**

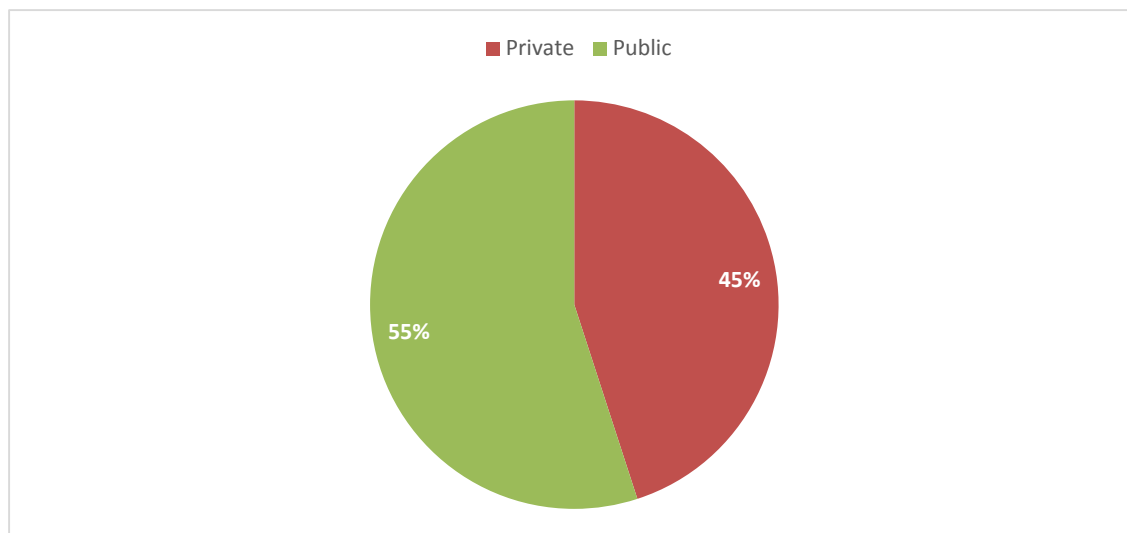


Figure 4.2: Type of Service provider
(N = 20)

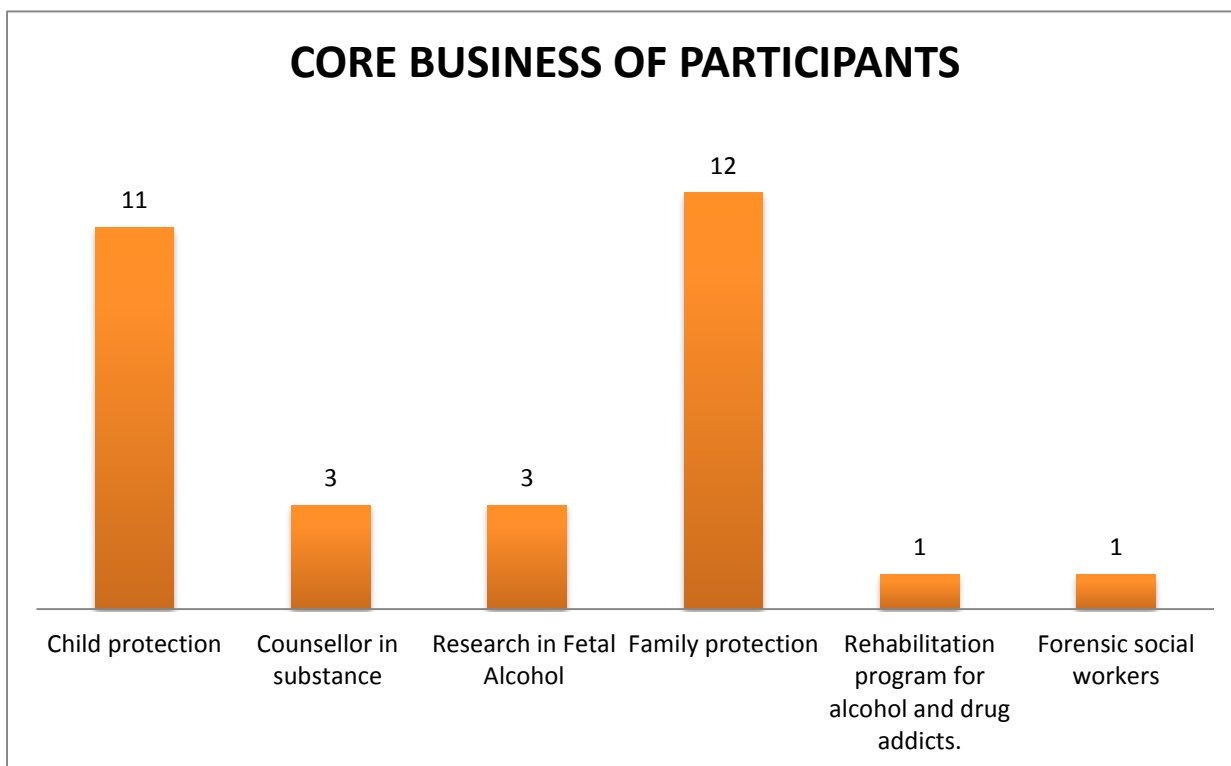
As is indicated in above figure 4.2, eleven (11) of the participants (55%) work in the public sector and nine (9) of the participants (45%) work in the private sector. The public sector, mostly consisted of NGO's that are subsidized by the Department of Social Development and the private sector mostly consisted out of organizations that are not subsidized by the government.

Hepworth and Larsen (2013: 4) state the purpose of social work and underline the fact that this profession is a helping profession to enable the **wellbeing of all humans** especially the vulnerable.

From the above data it may be concluded that both government subsidised organisations and private welfare organisations are all confronted with similar social work needs.

4.4.3. Sub-theme: Core business of the participants

All participants were asked to give an indication of their core business at the organization they currently are practicing their social work profession. The data they provided is presented below in **Figure 4.3: Core Business of Participants**.



***Total responses: 31**

Figure 4.3: Core Business of Participants

(N = 20)

*The participants could give more than one answer.

Most of the participants as indicated above in Table 4.2 were from organizations that, amongst other kinds of services, also focus on child protection. Three (3) of the participants were counsellors in substance abuse and three (3) of the participants were researchers in Fetal Alcohol Syndrome. One (1) participant indicated that in their organization they mainly focus

on family protection and the other participant focuses on the rehabilitation of alcohol and drug addicts. The last participant is employed as a forensic social worker.

Sewpaul and Jones (2005: 218 – 230) indicate that social work is practised in a variety of context such as a range of government departments including child welfare departments, family and marriage societies, hospitals, mental health settings, disability, the aged, social work in schools, youth development, offenders, etc.

In the light of the fore mentioned data, it may be concluded that the core business of social work practice includes a wide spectrum of social contexts including alcoholism.

4.4.4 Sub-theme: Average caseload per month

The participants were asked to give an indication of their average caseload per month. Two (2) of the participant do not work with clients anymore, but are involved in the either the private sector or they are facilitators at a college of higher education. However, they still has had previous experience working with families where alcohol was being abused. The data received is presented in **Fig. 4.4: Average caseload per month**, as it may be seen below.

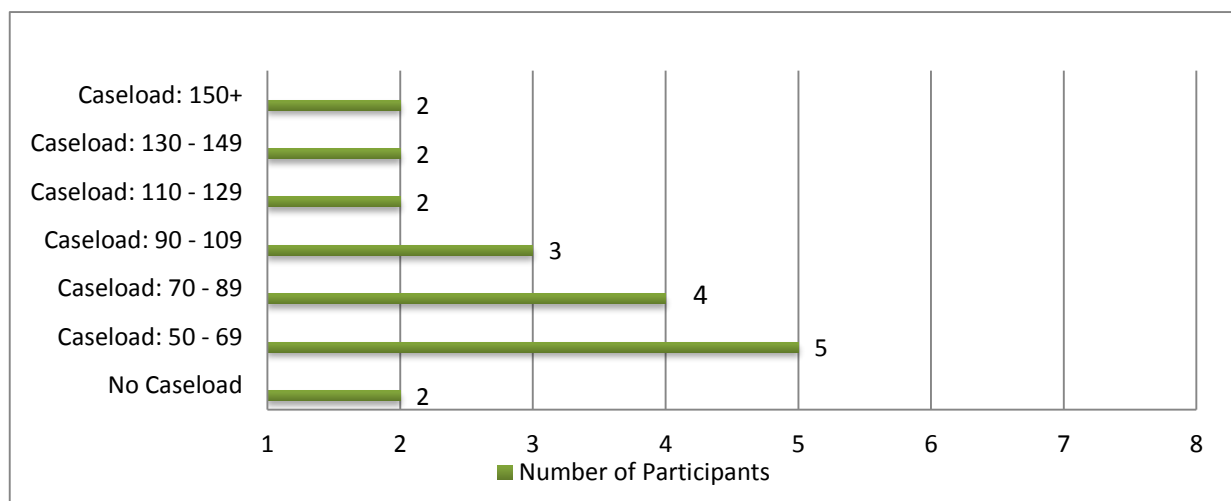


Figure 4.4: Average caseload per month

(N = 20)

As it is clear from Figure 4.4 above, the average caseload of the participants in this study per month varied from fifty (50) case files to over hundred and fifty (150) case files. As mentioned before, two (2) of the participants (10%) do not carry caseloads anymore. The remaining participants, eighteen (18) or 90%, could give an indication of their average caseload per month. Five (5) of the participants (25%) have 50 to 69 files per month, four (4) of the participants (20%) have 70 to 89 case files per month, three (3) of the participants (15%) have 90 to 109 case files per month, two (2) of the participants (10%) have 110 to one 129 case files per month, two (2) or 10% participants have 130 case files per month and lastly, two (2) of the participants (10%), have more than 150 to one hundred and sixty case files per month. Most of the case files are long term files that the participants work with over a period of a few years.

Engelbrecht (2006: 127 – 146) indicates that high case loads are one of the stresses social workers have to deal with.

In view of the fore mentioned it may be concluded that social workers manage high caseloads which is contributing to their work stress.

4.4.5 Sub-theme 1.5: Percentage clients affected by alcohol abuse by fathers

Participants were asked to provide an estimate of what the percentage of their caseload are clients affected by alcohol abuse by a father. All of the participants still full-time employed, could identify the percentage clients they work with who are affected by alcohol abuse. The estimation is displayed below in **Figure 4.5: Percentage of clients affected by alcohol abuse by a father.**

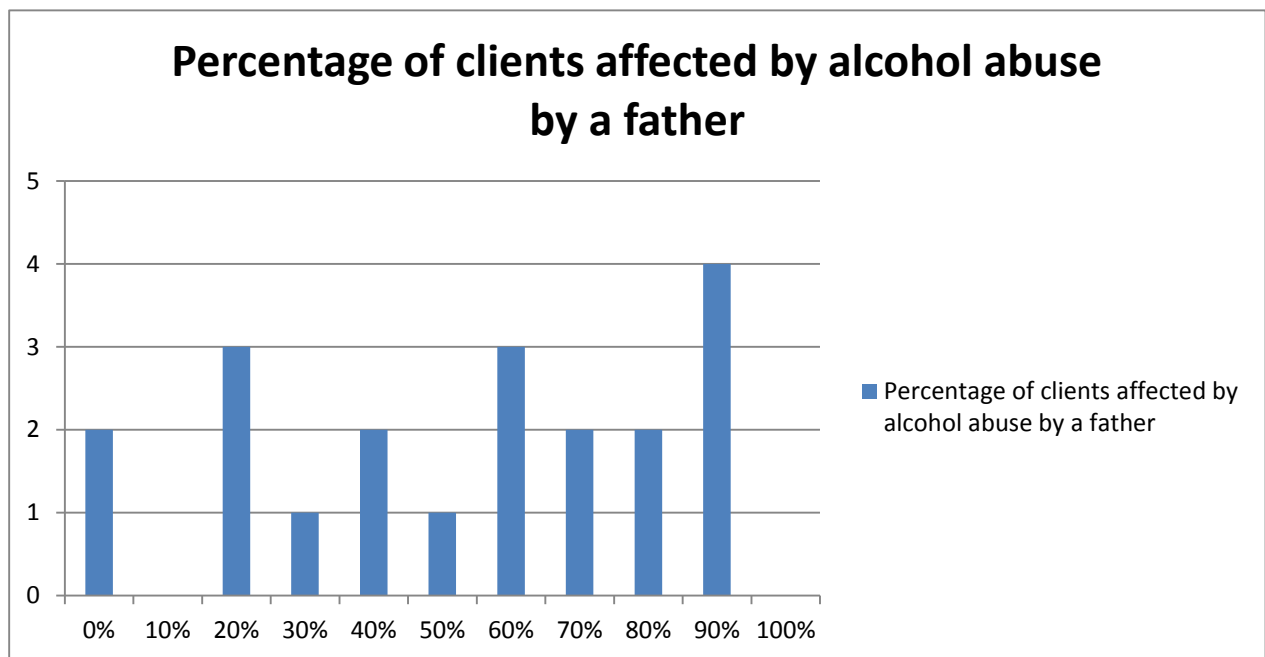


Figure 4.5: Percentage of clients affected by alcohol abuse by a father
(N = 20)

Seven (7) participants (35%) indicated that alcohol abuse by a father affected 50% or less of their clients, whereas eleven (11) participants (55%) indicated that alcohol abuse by a father affected 60% to 90% of their caseloads. Two (2) participants could not indicate as they are currently not full-time employed with a welfare organisation. Some of the participants work in a rehabilitation centre and this can influence their caseloads per month. Children's Bureau (2014: 1) states that many families who receive services from child welfare organisations are affected by alcohol abuse.

It can be concluded that high percentages of caseloads will represent alcohol abuse.

As seen in above theme and its sub-themes, years of experience, types of service providers and the social workers core business have been summarized and this provides a picture of the participants and how they are rendering services to families affected by alcohol abuse. The data also correlate with literature when confirmed that high percentages of caseloads represents alcohol abuse.

SECTION D: THE ALCOHOL ABUSE CONTEXT

In this section, the researcher required the participants to share their view on alcohol abuse in South Africa. From this question, one theme, two sub-themes and six categories were identified. Alcohol abuse within South Africa is a social work challenge and it may be concluded that the consuming of alcohol has grown into a continuous social work problem both within the families living in South Africa as well as other countries (Ellis et al., 2012:16).

The effect of alcohol abuse is devastating on society, communities, the family and individuals. In most newspapers one reads about accidents or other incidents as a result of alcohol abuse. The prevalence of alcohol abuse in South Africa is about 40% among men and 16% among women, which was indeed lower than the alcohol abuse levels reported in the developing countries (Ellis et al., 2012:16).

4.5 THEME 2: ALCOHOL ABUSE CONTEXT

Participants were asked to share their opinions regarding the status of alcohol abuse in South Africa. The sub-themes that were identified were the status of alcohol abuse in South Africa and the social problems related to alcohol abuse.

Literature confirms that alcohol abuse leads to a variety of other social problems and Butcher et al. (2010:383) also stated that alcohol abuse is a *maladaptive pattern of drinking*, leading to clinically significant impairment or distress. It leads to a recurrent use of alcohol resulting in a *failure to fulfil major role obligations* at work, school, or home. *In addition to this, regular use of alcohol also occurs in situations in which it has proven to be physically hazardous*, for example driving an automobile or operating a machine when impaired by alcohol use. Clark (2002:757) states that *alcohol abuse also leads to serious health problems, criminal activity, automobile crashes, and lost productivity in the workplace*.

4.5.1 Sub-theme 2.1: Status of alcohol abuse in South Africa

The participants were asked to share their view on the current status of alcohol abuse in South Africa and all of the participants (100%) mentioned and agreed that it seems to be a challenge and that it often leads to other social issues within the society.

According to Fisher and Harrison (2013: 17) alcohol is the most well-known familiar central nervous system (CNS) depressant because of its common appearance and legality.

4.5.1.1 Category: Problem in South Africa

Pithey and Morojele (2002:9) mention that despite the shortage of comprehensive data on alcohol use and problems in South Africa, there is evidence to suggest that *alcohol use is widespread in South Africa*. Consumption of alcohol as such is not problematic. Of great concern, however, is the evidence that suggests that *large numbers of South Africans do not use alcohol in a responsible way*.

All participants agreed with the fact that alcohol abuse is a ‘**huge**’ problem within South Africa and that it is not only fathers who abuse alcohol, but mothers as well (Pithey & Morojele, 2002:9). This is expressed in the narratives of some of the participants as indicated below:

- “*Alcohol abuse in South Africa is **currently one of the biggest social problems**. This social problem causes many more problems like unemployment, drug abuse and family violence*” (Participant 1);
- “*Ok, uhm... I think alcohol actually substance abuse, uhm is a **very very large problem in the South African context** and in the field of social work. Uhm... I really think that it have got a **huge impact on family and family life** as well as on society at large and most probably it is one of the largest social problems that we experience in our country at the moment*” (Participant 2);
- “*I would say that it from a social work view, uhm ... I would say that alcohol abuse according to my experience is **the root of many, of almost all social problems**, uhm obviously there is a reason why people drink, but alcohol abuse it **causes a lot of other problems**, uhm then they tend to fix those problems and not focusing on the alcohol abuse. So uhm, I would say my social work view on alcohol abuse is that it is very common in South Africa, uhm and that it leads to in most cases, **it leads to other big social problems** that could have been prevented if the alcohol abuse was not present*” (Participant 4);

- “*At the moment I think it is a **major concern**. People tend to use alcohol to escape their problems and things when they normally are intoxicated they usually have an excuse and then they don’t remember anything and they just blame it on the alcohol. **So at the moment I think it is a huge problem**” (Participant 6);*
- “*Alkoholmisbruik is ‘n **geweldige probleem** in Suid Afrika wat baie mense se lewens negatief raak...*” [Alcohol abuse is a huge problem in South Africa that negatively affects the lives of many people] (Participant 7);
- “*I would say that **alcohol abuse is a huge problem in South Africa** and that it plays a role in family violence, child abuse and neglect” (Participant 9);*
- “*Alcohol abuse is a **very big problem**, I think. I would like to say that alcohol abuse is the **root of many, many social issues** that we have to deal with as social workers.*” (Participant 12);
- “***BIG problem** from a social work perspective” (Participant 14);*
- “***It is out of control**. Children doesn’t really know the effect and start to experiment with alcohol at a very young age” (Participant 15);*
- “*There seem to be an **increase in alcohol abuse** among the youth as well as an increase under the female gender” (Participant 18);*

The basic message of these narratives fully correlate with literature when Ellis et al. (2012:16) indicate that alcohol abuse is a reality and has a devastating effect society, the community, the family and on individuals.

In the light of the above mentioned, social workers confirm that alcohol abuse is major concern, and in many instances, is the root of a number of other social problems.

4.5.2 Sub-theme 2.2: Social problems related to alcohol abuse

Alcohol abuse according to Butcher et al. (2010:383) is a maladaptive pattern of drinking, leading to clinically significant impairment or distress. It leads to a recurrent use of alcohol resulting in a *failure to fulfil major role obligations at work, school, or home*. In addition regular use of alcohol also occurs in situations in which it is physically dangerous, for example driving an automobile or operating a machine when impaired by alcohol use. Clark (2002:757) states that alcohol abuse leads to *serious health problems, criminal activity, automobile crashes, and a loss of productivity in the workplace*.

Ten (10) of the participants (50%) agreed with the statement as mentioned by Butcher et al. (2010:383) on the social problems that are related to alcohol abuse. This will be confirmed in the narratives as stated below:

- “*I think **alcohol abuse and unemployment are linked together**, because if the fathers or mothers are unemployed, they uhm... use alcohol as a method to uhm... resolve their problems or to get rid of their stress. Many families in South Africa are affected by a family member who abuses alcohol. Alcohol abuse is the biggest social problem and **causes more problems like divorce, uhm... family violence, unemployment and drug abuse**” (Participant 1);*
- “*I would say **domestic violence, marriage problems, uhm relationship problems** between fathers and or whoever abuses the alcohol and other people in their lives, work problems, family problems, **financial problems**, uhm **emotional problems** because a lot of alcohol abuse can lead to depression, so joh, a wide variety of problems which then ja” (Participant 4);*

Research conducted by Turning Point (2006:12) indicated that in cases where families who have been living with alcohol abuse, both parents and children argued that alcohol abuse and disagreement can “*affect their normal family life and everyday activities.*” Family outings and occasions such as birthdays, and family holidays may either be completely forgotten or seen as the cause of increased stress and anxiety, either because the parent is not present or because an intoxicated father normally ruins the occasion simply by being there.

According to research conducted at the Texas Woman University (2012:12) families of alcohol abuse “*tend to be chaotic and unpredictable*” and rules are applied in a highly inconsistent manner, promises are neither kept nor remembered, expectations vary from one day to the next and parents may be strict at times and indifferent at others. Family members are usually expected to keep problems a secret, thus preventing anyone from seeking help.

The narratives below is an example of what social workers are exposed to during a day of professional service rendering to the families they support during periods where alcohol is being abused by a male or father figure.

- “...in general, I still think it is a major issue, uhm... it’s by mother and father usually and normally that leads to **other problems like financial issues, relationship issues** so alcohol is actually the core point” (Participant 6);
- “... ook ‘n invloed op huwelike, ekonomie en misdaad wat plaasvind...” [It also has an influence on the marriage, economy and that can lead to committing a crime] (Participant 7);
- “....that it plays a role in **family violence, child abuse and neglect**” (Participant 9);
- “... dit sy of haar **werk negatief beïnvloed, probleme met die gesin of familie** word veroorsaak deur alkohol misbruik...” [It influences his/her work negatively and problems within the family are a result of alcohol abuse] (Participant 10);
- “The devastating effect of alcohol abuse is seen in the moral of society, **disintegration of families, violence and crime** accidents and loss of jobs and productivity” (Participant 13);
- “Uhm... Probably **influencing a lot of sectors, the work place, from a social work point of view, the uhm family are being influence, parents that abuse alcohol, children that is**

exposed to uhm things that their not, that can't fully understand, uhm ja. Domestic violence, everything is connected to alcohol abuse" (Participant 14);

- *"Many other social issues develop because of alcohol or drug abuse and are the people really aware of the negative effect that alcohol have on themselves and their families?"* (Participant 15).

Alcohol abuse has an effect on people's behaviour and a profound negative impact on the individual and the surrounding environment including friends and family. Drinking to the point of intoxication increases the likelihood of injury or death from accidents and violence. Alcohol abuse is generally associated with failure to control behaviour after drinking alcohol (Klingemann, 2001:7; Kafuko & Bukuluki, 2008:13).

In the light of the fore mentioned responses as confirmed by literature, it may thus be clear that alcohol abuse poses *huge challenges* to society at large as well as to the family.

SECTION E: FACTORS CONTRIBUTING TO ALCOHOL ABUSE

The factors that contribute to alcohol abuse will be discussed according to four sub-themes that were identified during the interviews. The sub-themes will be discussed according to four categories as presented in table 4.1.

4.6 THEME 3: FACTORS LEADING TO ALCOHOL ABUSE

According to Freeman and Parry (2006:5) drinking is allied with a disease, also known as alcohol dependence. This disease is characterized by craving, a strong need or compulsion to drink, impaired control, the inability to limit one's drinking on any given occasion, physical dependence, withdrawal symptoms such as nausea, sweating and anxiety when alcohol use is stopped after a period of heavy drinking, tolerance, and the need for increasing amounts of alcohol in order to feel its effects. It is a chronic and often progressive disease. *"People need to drink despite negative consequences such as serious job or health problems. It is influenced by both genetic and environmental factors."*

Certain factors are identified such as genetic factors, environmental factors and psychological factors that indeed play a role in the abuse of alcohol and will be presented in the sub-themes as shown below. Some of the participants agreed on the same factors that lead to a father abusing alcohol as it is presented below in **Table 4.4: Common factors leading to alcohol abuse.**

Table 4.4. Common factors leading to alcohol abuse

COMMON FACTOR LEADING TO ALCOHOL ABUSE				
	GENETIC	ENVIRONMENTAL	PSYCHOLOGICAL	OTHER
PARTICIPANTS	35% (7)	55% (11)	25% (5)	10% (2)

***TOTAL: 25**

N = 20

*Participants could give more than one answer.

From table 4.4 above it is clear that most participants, namely eleven (11) or 55%, indicated that environmental factors play a role in alcohol abuse. Some participants, twelve (12) or 60% indicated that genetic and psychological factors may contribute to alcohol abuse. Two (2) participants (10%), mentioned other factors that could play a role in alcohol abuse as will be discussed under 4.6.4. This correlates with literature (Kafuko & Bukuluki, 2008) that several factors could lead to alcohol abuse.

In the light of the above responses, it may therefore be concluded that although the bigger percentage of alcoholism is seemingly caused by environmental factors, it is clear that several factors lead to alcohol abuse.

4.6.1 Sub-theme 3.1: Genetic influences

As was mentioned in chapter two, various factors play a significant role in the development of alcohol abuse.

Genetic factors according to Edenburg et al. (2013:488) also affect the risk not only of alcohol abuse, but also the level of alcohol consumption and the risk of alcohol associated diseases. *“Any person can develop problems of alcohol abuse or dependence and having a close relative such as a parent or sibling who has a problem with alcohol can increase the risk of the child becoming an alcohol abuser”*. The **most common causes of alcohol abuse** found by different authors such as Dodgen et al. (2000:30) and Edenburg et al. (2013:488) **are based on the genetic factors**. All above mentioned authors agree that genetic factors play a significant role in alcohol abuse.

Seven (7) or 35% of the twenty (100%) participants agreed that genetics play a role in the causes for a father to opt for alcohol abuse as is also confirmed in the words of the participants below:

- *“In our area, our workers are farm workers where they definitely reverted back to the ‘dopstelsel’ where they were paid with wine and it **created a culture of drinking and socializing** and definitely I have seen **families where grandfather was an alcoholic, dad was an alcoholic, teenager starts becoming, not becoming an alcoholic but experimenting with alcohol**”* (Participant 3);
- *“I think it is a **combination of genetic and environmental**”* (Participant 5);
- *“That it is parents who did it, so there is a **genetic predisposition to abuse**; because it has been proven that it exists...”* (Participant 5);
- *“Alkohol misbruik **kon by vorige generasies voorgekom het**, en die vader het dalk groot geword in ‘n huis waar alkohol misbruik was”* [Alcohol abuse could have occurred in previous generations en the father could have grown up in a house where alcohol has been abused] (Participant 7);
- *“If your father is an alcoholic, you may have a **predisposition**”* (Participant 9);

- *“So many men have mothers or fathers, uncles or aunts who drink alcohol and this then sometimes leads to a **genetic predisposition** and then also becomes an alcoholic”* (Participant 13);
- *“Some people are more prone to an addiction nature”* (Participant 17).

According to research, certain genetic factors increase a person's risk of both alcohol abuse and dependence and other drug abuse and dependence. Literature confirms the evidence suggesting that certain genetic factors contribute to the development of alcohol. Alcohol abuse problems tend to run in families. Genetics and the first degree relatives of alcoholics are two to seven times more likely to develop problems with alcohol sometime in their life as opposed to the general population. One possible explanation is that this behaviour might be the result of social infection whereby problematic drinking is learnt behaviour and others come to imitate the behaviour of the alcohol abuser. Another possible explanation might be that there is a genetic basis to abusing alcohol. Studies of families, twins, adoption and genetic markers have shown that genetic factors are involved regarding alcohol consumption, complications experienced and dependence (Dick et al., 2008:111; Edenburg et al., 2013).

It may therefore be concluded that social workers view genetic factors as determining in the susceptibility for alcohol abuse.

4.6.2 Sub-theme 3.2: Environmental influences

In a similar manner as how other factors influence substance use, social-environmental factors exert their influence in the context of a complex, dynamic multi-factor system. The availability and cost of alcohol and other drugs clearly influence overall patterns of use and can contribute to use. There is also evidence that price influences people who drink heavily in the community. The substance use - culture of the dominant society and especially of clients' peers and family members may also contribute to continuing substance use (Ogborne, 2004:12).

Eleven (11) or 55% of twenty (100%) participants agreed that the environment plays a role in the reasons why fathers abuse alcohol and this will be confirmed in the narratives below:

- “*I think it is a **combination of genetic and environmental** and then environmental, **they grow up seeing their parents do it so they are doing it**” (Participant 5);*
- “*I would say environmental, you can’t blame it on genetics, because my dad could have drunk, but my grandfather did not drink, so you can’t say it is genetic. Environmental, **it depends on the society you live in**” (Participant 6);*
- “*Die omgewing speel ook ‘n rol as dit **vrylik beskikbaar is in die omgewing en die mense om hom misbruik alkohol sal die vader ook gebruik maak**” [The environment also plays a role and if alcohol is available within the community, the father would also abuse alcohol] (Participant 7);*
- “*Die omgewing speel ‘n belangrike rol in ‘n mens se daaglikse funksionering omrede jy **gekonfronteer word met negatiewe wanpraktyke in die samelewing soos alkohol of dwelm misbruik, verkeerde keuses en werkloosheid**” [The environment plays an important role in a person's daily functioning and you are then faced with negative misconducts in society such as alcohol or drug abuse, wrong choices and unemployment] (Participant 10);*
- “***Poverty plays a role** as well as isolation from socio-economic factors” (Participant 13);*
- “*...definitely if you **grow up in an environment where people abuse alcohol**, you would **definitely be one of the people who abuse it in the future**. Not all of them, but most of us go back to where we come from or to where we grew up” (Participant 14);*
- “*A **lack of work opportunities, income and education** leads to a person abusing alcohol” (Participant 17);*
- “*In some communities being able to abuse alcohol is **seen to be a sign of your maturity as a person**” (Participant 18).*

In the light of the abovementioned responses and literature control it may be concluded that environmental factors indeed may be seen as contributing to alcohol abuse.

4.6.2.1 Category: Peer pressure

Other people and their behaviour influence the relationship between an individual and a substance in several ways. Most people are influenced by peers. They imitate the behaviour as seen by peer group members. The environment they live in also has an impact on how they perceive life. Similarly the daily exposures they experienced within their environment will also influence their option to abuse alcohol (Lewis et al., 2011:51).

Two (2) participants (10%) mentioned that peer pressure in the society and schools may be the reason as to why fathers or young men abuse. The next set of narratives will indicate and confirm the fore mentioned:

- *“Many people start drinking because of peer pressure and everyone around them drinks, so they also drink”* (Participant 9);
- *“Everybody around them drinks which makes it very hard for them to stop drinking”* (Participant 12).

In view of the above mentioned, it is clear that peer pressure is central to a person's choice to resort to alcohol abuse.

4.6.3 Sub-theme 3.3: Psychological influences

Fisher and Harrison (2013) mention that there are a number of different motives for consuming and abusing alcohol, including drinking to enhance sociability, to increase power, to escape problems, to get intoxicated for enjoyment or for ritualistic reasons.

A question was put to the participants to determine their views on the role of psychological influences to the susceptibility to alcohol abuse.

Five (5) participants (25%) agreed that psychological factors play a role in why fathers or men of a household abuse alcohol and this will be seen in the narratives as stated below:

- “...*soek aanvaarding by ander en is dit ook dus persoonlike probleme wat kan lei tot alkohol misbruik*” [...seeking acceptance from others and it is personal problems that can lead to alcohol abuse] (Participant 11);
- “Uhm I think men sometimes have *a lot of pressure*, and not a lot of resources to talk to someone or get help. So it might be an *escape* from whatever he or she is experiencing” (Participant 14).

According to Fischer et al. (2013) stress is also one of the main reasons why people resort to abusing alcohol. The following narratives confirm the role of stress in alcohol abuse.

- “Some people have a *personality tendency toward addiction* and find it *difficult to handle stress*” (Participant 13);
- “*Stress plays a role in alcohol abuse* as well as disorders that are undiagnosed and treated” (Participant 17);
- “...father’s drink *due to stress* caused by the marriage, finances or the extra responsibilities expected from them” (Participant 20).

In the light of for mentioned it may be concluded that psychological influences take a centre role in a person’s alcoholic behaviour.

4.6.4 Sub-theme 3.4: Other

A question which was incorporated in the semi-structured questionnaire had the aim of determining whether the participants was of the opinion that any other factors could be a cause of alcohol abuse. Two (2) participants (10%) mentioned that cultural and bio-psychosocial influences have an effect on the father’s decision to abuse alcohol. Theses aspects however

closely relate to genetic - and environmental factors and was already presented and extensively discussed in sub-themes 3.1 and 3.2 (See Paragraph 4.6.1 and paragraph 4.6.2).

4.6.4.1 Category: Cultural

According to literature, there is sufficient evidence to say that the availability or not regarding finances influence people who choose to drink heavily. The substance use - culture of the dominant society and especially of clients' peers and family can contribute to continuing substance use (Ogborne, 2004:12).

One (1) participants (5%) mentioned that culture plays a role in why a father abuses alcohol and agreed with Ogborne (2004:12) that it is seen as acceptable within their culture, because peers and family is using and even abusing alcohol. The following narrative as it is stated in the participant's own word, confirm this statement:

- *"It is seen as acceptable to drink more than allocated units when socializing"* (Participant 5).

It may there for be concluded that cultural factors may be seen as causal for people to opt for alcohol use and even abuse as an acceptable way of living and spending time.

4.6.4.2 Category: Bio-psychosocial

A question to test the participant's view on the role of bio-psychosocial factors in the decision of persons to make use of alcohol was asked. One (1) participants (5%) mentioned that all of the categories that contribute to alcohol abuse plays a role in why a father abuses alcohol and when one puts together all of the categories, one can name it bio-psychosocial.

In the bio - psychosocial model of addiction, Fisher and Harrison, (2013:49) state that the interactions of biological, psychological, cognitive, social, developmental and environmental variables are considered to explain addiction.

This is confirmed by the narrative of participant 8 as stated below in her own words:

- “Addiction occurs **biologically, psychologically and within out social context**. The impact of the abuse also affects these three areas and spiritual and cognitive functioning. The **three aspects are constantly interrelated**” (Participant 8).

It can thus be said that the bio - psychosocial model of addiction which includes interactions of biological, psychological, cognitive, social, developmental and environmental variables are all part of the possible reasons why any person may resort to alcohol abuse.

SECTION F: EFFECT OF ALCOHOL ABUSE

The effect of alcohol abuse by a father will be discussed by four sub-themes and eleven categories. Each participant (100%) had been asked about their view on the effect that alcohol abuse by a father has had on his/her family. The responses of the participant's views will be discussed according to the narratives and a literature control below.

4.7 THEME 4: EFFECT OF ALCOHOL ABUSE

Alcohol abuse is generally associated with the failure to control one's behaviour after consuming excessive amounts of alcohol. The short-term effects that are identified include socially-inappropriate behaviour such as loose talk, including the use of vulgar and foul language with disregard of the environment, urinating and defecating in one's clothes, vomiting, undressing in public view, domestic violence, failure to meet one's domestic and work obligations, failure to take care of one's physical needs including the inability to eat food and inability to know when to stop drinking. The long-term effects that depict alcohol abuse include the loss of respect from the rest of the community who considers the abuser to be a disgrace, as well as accompanying health complications, (Klingemann, 2001:7; Kafuko & Bukuluki, 2008:13).

A question to determine the views of the participants regarding the effects of alcohol was included in the semi-structured questionnaire. Confirming the literature (Klingemann: 2001; Kafuko & Bukuluki 2008), the participants also indicated that the effect that alcohol abuse might have on a particular family often include phenomena such as domestic violence, loss of income, child neglect, loss of respect by family members. Participants also indicated that the family can have a lot disrespect towards the person abusing alcohol, there may be resentment

towards the alcohol abuser, much anger and frustration and in general, alcohol abuse may have a negative impact on children in families. The narratives of participants confirming this assumption will be presented as follows:

- *“Alcohol abuse in the family context can cause a family to break-up and a relationship to end sometimes. It can cause a lot of resentments in a family and anger or frustration and sometimes it can cause... it can end in violence”* (Participant 1);
- *“It has a very **negative effect**, especially on their children, marriage and also their financial position”* (Participant 15).

In view of the above mentioned, it is concluded that alcohol abuse imposes a serious negative impact on the family where a person or a father is abusing alcohol.

Emerging from the above mentioned theme were four sub-themes and ten categories which will subsequently be presented and discussed.

4.7.1 Sub-theme 4.1: Family

Alcohol and the abuse there of usually come to a point where the complete life of the involved people is dominated. The non-drinking parent may simply have less time and both emotional and material resources to devote to the children might be scarce or even nil. The non-drinking parent may have to take full responsibility for disciplining the children, and it may well be the non-drinking parent who has to give the children the bad news that, for example, they cannot invite friends to the house or that there is no money for them this week (Fisher & Harrison, 2013).

A question to determine the view of social workers on the effects of alcohol abuse on families was incorporated in the semi-structured questionnaire and a number of categories emerged from the data. The categories under this theme of family-related effects will be discussed subsequently in the narratives of the participants.

4.7.1.1 *Category: Physical and emotional abuse*

Families where alcohol abuse is present are oftentimes painful to live in, which is why those who live with alcohol abuse may become traumatized to varying degrees by the experience. Broad swings, from one end of the emotional, psychological and behavioural spectrum to the other, all too often characterize the addicted family system. Living with alcohol abuse can put family members under unusual stress. Normal routines are constantly being interrupted by unexpected or even frightening kinds of experiences that are part of living with alcohol abuse (Dayton, 2012:1). The narratives of the participants indicate the following:

- “Uhm, I really think that it **have got a large/huge impact on the family** and in general. Uhm, definitely **emotionally**, uhm on an **emotionally and psychological level** and on an **economical level** as well...” (Participant 2);
- “I think it is more **emotionally**. There is **no growth in the family**. Uhm as I said, it causes violence and there is **no communication**. And if there is no communication in the family, then what is the point of it” (Participant 6);
- “Dit kan **emosionele en fisiese mishandeling** voorkom in die gesin. **Gesinsgeweld** kan lei tot egskeidings” [It can lead to emotional and physical abuse in the family. Domestic violence can lead to divorce] (Participant 7);
- “In jou middelklas gesin kan dit aanleiding gee tot **nalating en fisies en emosionele verwaarloosing** en in jou hoë klas gesinne kan dit meer **emosionele en psigiese verwaarloosing** wees” [In your middle class family it can lead to neglect, such as physical and emotional neglect and in your high class families it can be more emotional and psychological neglect] (Participant 11);
- “A lot of **family violence** towards neighbours and other family members, extended family members...” (Participant 14);

- *“Less money, less structure, less discipline, uhm... kids don’t have someone to look up to and respect, it is okay if my father drinks, and it is okay if my mother drinks and if it is okay that mother drinks then it is okay if all drinks”* (Participant 3).

From the above mentioned it seems clear and can be concluded that alcohol abuse in a family indeed impacts seriously with regard to physical and emotional matters within the family.

4.7.1.2 Category: Family roles

A father has several roles and those roles should be fulfilled in order for a family to function optimally. The roles of a father are typically those of a guide, protector, provider (breadwinner), teacher, a playmate, companion (to his wife), and a supporter to his whole family. Alcohol abuse seriously hampers the fulfilment of these roles (Allen et al., 2002:1).

A question to the participants in order to determine the social worker’s views on the effects of alcohol abuse on the fulfilment of an alcoholic father was responded to and the narratives of the participants are presented below:

- *“I think the **roles change within the family**, so the person who is supposed to be the caretaker or the caregiver uhm is now not necessarily the child, depending on the form of drunkenness, uhm the **roles definitely change**. **Children take on parenting roles** and they uhm are the ones who make excuses and for instance not going to school to take care of a mother or a father who is at home drunk or they look after the other children, the smaller children because mum and dad is out drinking drunk, so the family roles definitely change”* (Participant 3);
- *“Family **structures and roles need to change** to adapt to the abusing father”* (Participant 8);
- *“Family members become co-dependent and **each member take on certain roles to cope with the abuse**. The outcome then is either a break-up of the unity of the **family or to take on certain survivor roles to cope with the situation**”* (Participant 13);

- “...impact on how he or she functions and on how he or she is able to **fulfil their role in the family structure**” (Participant 20).

In view of the for mentioned, it is confirmed that family roles are changed due to alcohol abuse because the abuser is no longer in a position to fulfil the traditional roles.

4.7.1.3 Category: *Decrease of income*

Drinking leads to a spiral of poverty in which the drinking behaviour inhibits income capacity (through absenteeism, lack of motivation, poor quality of work, losing employment) while any income earned is then spent on alcohol, at times drowning sorrows regarding not having work or only having a poorly paid job. Money spent on alcohol is not available for other necessary purposes. An alcohol problem may impair or destroy the drinker's capacity to earn a livelihood. Reduced earnings or even unemployment are frequent consequences of excessive drinking and these, affect the other members. To go on a holiday might not be possible, it may become impossible for children to be allowed on school outings, and the rent may not be paid (Freeman & Parry, 2006:17). The participants were asked to share their view on the influence of alcohol on the family's income and the narratives in this regard is presented below:

- “...because most probably fathers abuse or **drinking the money**, or perhaps especially those **who are earning wages**, uhm ja... Perhaps **they drink alcohol with all the money and at the end they don't get food** or the things that they need or want” (Participant 2);
- “**Less money**, less structure, less discipline, uhm... kids don't have someone to look up to and respect, it is okay if my father drinks, and it is okay if my mother drinks and if it is okay that mother drinks then it is okay if all drinks” (Participant 3);
- Ok, well I would definitely say **financially**, especially and I am again referring to the rural areas, is uhm... alcohol becomes their number one priority for the parents and for the fathers in this case, so the children, **the father takes the grant and that goes to alcohol and becomes their priority, so financially...**” (Participant 3);

- “...from Thursdays they **start drinking**, because **their pay in** and when they start drinking they tend to become hard head,...” (Participant 6);
- “As ‘n persoon sy werk verloor kan dit die **inkomste van die gesin beïnvloed**” [A person’s finances could be influenced if he loses his job] (Participant 7);
- “**Financial strain** and violence add to other dynamics within the family” (Participant 8);
- “...loss of work, loss of income...” (Participant 18).

The above responses and literature indicate and confirm that alcohol abuse has a definite effect on the income and financial position of a family and mostly so a negative effect.

4.7.2 Sub-theme 4.2: Children

When alcohol is being abused by a father, the children within the household tend to be influenced in a negative way. A question to verify the social worker’s view on this matter was asked and the participants in this study agreed with the mentioned statement. From the responses of the participants in this instance, three different categories emerged, namely child neglect, children being abused, both physically and mentally, and behavioural problems at school. The narratives on this matter follow below:

4.7.2.1 Category: Neglect

McCarthy and Galvani (2012:10) states that alcohol abuse can be disruptive to the wider family and it is then quite common for the extended family to withdraw from the alcohol abuser if they feel let down by such behaviour. When the family withdraws it may have negative consequences on the parent who abuses alcohol, such as the alcohol abuser losing support needed, less support for the spouse not abusing alcohol, less support to and from the children of the alcohol abuser and also the children not socializing and bonding with other family members sufficiently. This scenario may imply neglect of the children especially if support is

not provided to children, if the father is not spending enough time with the children and if the father abusing alcohol is avoiding the mother. This was agreed upon by six (6) or 30% of the participants as will be indicated below:

- “*Less money, less structure, less discipline, uhm... kids don’t have someone to look up to and respect, it is okay if my father drinks, and it is okay if my mother drinks and if it is okay that mother drinks then it is okay if all drinks*” (Participant 3);
- “*...leads to children not having respect towards their fathers, because they see them in this drunken state and that then later also affects the relationship between the father and the children because during the week the father is sober and he cannot understand why the children is talking to him this way...*” (Participant 4);
- “*Well it leads to defective parenting, so the children grow up believing that that is the norm, so they end up doing the same*” (Participant 5);
- “*Children are neglected and are exposed to the family violence*” (Participant 9);
- “*Child neglect or abuse is taking place when a father or parental figure abuses alcohol*” (Participant 13);
- “*Uhm... A lot of absent parents, especially if you look at South Africa, parents tend to binge over weekends, which means children have to do stuff on their own on weekends*” (Participant 14).

All the participants agreed with McCarthy and Galvani (2012:10) and it may be concluded that the child may experience various forms of neglect and feel abandoned by both parents in instances of alcohol abuse, the children even wish that the drinking parent dies or that the non-drinking parent will leave them resulting in the child having limited capacity to build or to sustain lasting friendships.

4.7.2.2 *Category: Emotional and physical abuse of children*

Children are the most severely affected since they can do little to protect themselves from the direct or indirect consequences of a father who abuses alcohol. Alcohol abuse by a parent can thus seriously harm a child's development, although its modes of action have only been partially clarified, (Klingemann, 2001:6).

The child according to Klingemann (2001:6) may be the victim of verbal or physical aggression; may be a witness to conflicts, perhaps violent conflicts between his/her parents; and lastly may experience the break-up of the family. The child could be forced to take on adult roles and responsibilities and in this very real sense be deprived of their childhood. The responses of the participants on a question verifying the views of social workers on children being emotionally and physically abused, is presented below:

- “...**emotionally for the children** and the children is being exposed to this, the drinking and it becomes acceptable and they don't actually know anything else...” (Participant 4);
- “It is **emotionally**, because what happens is especially if you look at the boys, they are younger, so I can't beat my dad up, because he is beating my mom, so I become a bully at school and pick on someone younger than me, because I am bigger than him. But I actually want to beat up my dad, **because when he is drunk he beats me**” (Participant 6);
- “Die kinders word **emosioneel verwaarloos**. Dit het 'n effek op skolastiese vlakke en kan die kind rebelleer en is daar baie gesinsgeweld teenoor die kinders” [The children are emotionally neglected and it then has an effect on scholastic levels and the child then rebels and there are much family violence which involves the children] (Participant 11);
- “**Child abuse is common** where alcohol is being abused” (Participant 15);

Three (3) or 15% participants mentioned that when alcohol is being abused by a father or parental figure, the child sometimes has to take on the role of the parents and that can become some form of emotional abuse. This will be displayed in the narrative below:

- *“Die kind moet ook soms die primêre versorger van die ander kinders wees en wat **dus die oorsaak is van kinderverwaarloosig. Ouers ontnem dus die kind van sy/haar regte soos onder andere versuim om die kind van voedsel te voorsien en mediese versorging**”* [The child may also be the primary caregiver of the other kids and that can be a cause of child neglect. Parents are thus depriving the child of his/her rights and fails to provide the child with food and medical care] (Participant 10);
- *“**Kinders moet soms die ouers se rolle inneem, veral by die tieners. Hulle moet die boeties en sussie versorg. Alkohol misbruik beïnvloed ook die kind se groei en interaksie met ander**”* [Children sometimes have to take the parents' roles, especially teenagers. They must care for the brothers and sisters. Alcohol abuse affects the child's growth and interaction with others] (Participant 11);
- *“Children tend to **play the role of the caregiver in the home and this could lead to children being rebellious**”* (Participant 19).

In view of the for mentioned, it is clear that alcohol abuse by the parent, and in this study specifically by the father, has a detrimental effect both on the physical and emotional development of children.

4.7.2.3 Category: Behavioural problems at school

In instances of excessive drinking by the father, the children often start fearing their father because being drunk might make him aggressive or withdrawn leading to children not being guided by their father. A withdrawn or aggressive father may lead to poor scholastic performance by the children (Kafuko & Bukuluki, 2008:17). Parental alcohol abuse also seems to affect the parenting skills and thereby, similarly the child's performance in school (Klingemann, 2001:6).

A question in this regard was put to the participants and the responses regarding the view of the social worker on the scholastic behaviour of children of alcoholic parents/fathers are presented below:

- *“I think that they, what I have found with the children that I have interviewed **don’t go to school or is struggling in school**, but the problems are usually not just school centred but there is problems at school and at home and the problems at home is usually alcohol abuse and domestic violence”* (Participant 5);
- *“Sometimes children are abused and **they might drop-out of school** because of alcohol abuse and the home circumstances”* (Participant 9);
- *“Dit kan daartoe lei dat kinders se **skoolvordering beïnvloed** word, kinders **gedragsprobleme openbaar en by misdaad betrokke raak**”* [Children's school progress is affected, children's behavioral problems manifest and then they become involved in crime] (Participant 10);
- *Die kinders word emosioneel verwaarloos. Dit het ‘n **effek op skolastiese vlakke** en kan die kind rebelleer en is daar baie gesinsgeweld teenoor die kinders* [The children are emotionally neglected and it then has an effect on scholastic levels and the child rebels and there are many domestic violence against children] (Participant 11);
- *“They **don’t go to school or don’t do their school work and fall out of school**”* (Participant 13);
- *“Children **cannot function at school** and that then tends to lead to the child abusing alcohol him or herself”* (Participant 17);
- *“... their **school grades drop** and might start using drugs and alcohol themselves and then they **tend to drop-out of school** at an early age of ± 15 years old”* (Participant 18).

In the light of the for mentioned it may be concluded that alcohol abuse by a parent/father has a significant negative effect on the scholastic progress of children in such a family.

4.7.3 Sub-theme 4.3: Parenting skills

Parental alcohol abuse seems to affect the parenting skills and thereby the child's performance in school (Klingemann, 2001:6) as confirmed in the response of a participant on a question to this effect. The narrative is presented below:

- *“Parents would rather give children the decisions to make. So if the child doesn't want to do something, the parent won't do anything. So there is definitely **a lack of parenting skills**”* (Participant 12).

It may thus be concluded that parental alcohol abuse has a detrimental effect on the parenting skills of children from an alcoholic household.

4.7.3.1 Category: *Poor role models*

The impact of alcohol abuse on a fathers' role reveals that both the father himself and the community tend to completely ignore the father as far as his children is concerned in instances of serious alcohol abuse (Zohhadi 2006:4). Two (2) or 10% participants agreed that poor role models are an effect of alcohol abuse. This will be indicated in the narrative below:

- *“Children **lack role-models** and need to change their roles to cope”* (Participant 8);
- *“Behoeftes word nie aangespreek nie, **verkeerde rol modelle** wat voorgehou word en gesinsgeweld word beleef”* [Needs have to be addressed, wrong role models are presented and domestic violence is experienced] (Participant 16).

It may thus be concluded that alcohol abuse impacts negatively on a child's role models in instances where a parent or father abuses alcohol.

4.7.4 Sub-theme 4.4: Marital relationship

Within the sub-theme of marital relationships, this particular relationship will be investigated, also to determine the effect and influence of the spouse's alcohol abuse on the marriage. Three categories emerged from this sub-theme, namely domestic violence, conflict and divorce. The responses regarding these categories will be subsequently be presented.

4.7.4.1 Category: *Domestic violence*

While alcohol abuse is neither a necessary nor a sufficient cause for domestic violence, high proportions of perpetrators of domestic violence are either abusing alcohol or they under the influence of alcohol at the time of the assault (Fisher & Harrison, 2013). A question to verify the participant's view on domestic violence was asked and their responses are presented below, in their own words:

- *“Uhm as I said, it **causes violence** and there is no communication” (Participant 6);*
- *“A lot of **domestic violence**. Were there was domestic violence, alcohol was part of it” (Participant 12);*
- *Spouses either have frequent **violent physical or verbal fall-outs** and then the marriage tends to break-up, people separate and this leads to broken homes” (Participant 18);*
- *“It leads to affairs, then leads to conflict and conflict **leads to abuse** and communication problems” (Participant 20).*

According to the above mentioned it may be concluded that alcohol abuse negatively impacts on marital relationships.

4.7.4.2 Category: *Marital conflict*

In instances of alcohol abuse, marital conflict may take a violent form, and there is much evidence to show that domestic violence and alcohol abuse are often associated (Fisher & Harrison, 2013). Treatment studies provide further evidence of a link between alcohol abuse and intimate partner violence (Hutchinson, Mattick, Braunstein, Maloney & Wilson, 2014:17).

In order to investigate the participants' input on the view of social workers regarding conflict in marriages during alcohol abuse, in question to this effect was asked. The narratives as received are presented below:

- “Dit kan **ernstige huweliksprobleme veroorsaak** omrede alkohol misbruik ‘n persoon se normale denkpatriene beïnvloed en dit kommunikasie tussen egpare beïnvloed” [This can cause serious problems within the marriage and alcohol abuse influences a person's normal thinking and influences communication between couples] (Participant 7);
- “It has a **negative effect and it leads to conflict** and in some cases family violence and sexual abuse” (Participant 9);
- “Die vrou kan steurend wees en dan besef die man hy het ‘n probleem of dit kan daai ‘conspiracy silence’ ding wees. Elke persoon begin sy eie ding doen en op die ou einde van die dag kan gesinsverbrokkeling plaasvind.” [The woman can be disturbing and then the man can realise that he has a problem. Each person begins doing his own thing and then the family breaks down] (Participant 11);
- “ **Domestic violence** and that also leads to rape” (Participant 12);
- “It leads to affairs, then **leads to conflict** and conflict leads to abuse and communication problems” (Participant 20).

In view of the for mentioned it seems clear that alcohol abuse and excessive drinking contribute to conflict situations between marital partners.

4.7.4.3 Category: Divorce

Many reasons are identified for dysfunctional families. Amongst others, there may be possible factors contributing to dysfunctional families such as alcoholism; drug addiction, physical illness, death, war, poverty, unemployment, mental illness, spouse abuse, child abuse, divorce and separation, as well as polygamy (Guez & Allen, 2000:14).

Given the unstable relationship in instances of alcohol abuse and the accompanying marital dissatisfaction, it is not surprising that separation and divorce are more common among marriages in which at least one partner abuses alcohol. General population studies indicate that heavy alcohol consumption and frequent drinking episodes are associated with elevated rates of separation and divorce (Hutchinson et al., 2014:17).

A question to verify the views of social workers on the prevalence of divorce in alcohol abusing marriages, was asked to the participants. The responses of the participants are presented in their own words below:

- “It can also cause **divorce, cheating partners**, and if I say cheating partners, uhm... STD’s and HIV can be linked to that” (Participant 1);
- “Not always, most of our clients lives in a culture where they stay together or **they separate**, and they don’t... they **stay in different households but they don’t get divorced legally**, but then ja **they do split**” (Participant 3);
- “Well if you look at the rural areas people don’t really, it is rarely that they get divorced, because most of them aren’t even married. They live together, but they will ... the woman just accepts it and goes on with her live, but uhm yes I think it can definitely happen **in your middle class and upper middle class**, uhm people,..... then **it mostly leads to divorce most of the time**” (Participant 4);
- “So the alcohol either maintains the relationship or **it breaks it down**” (Participant 5);
- “The **relationship breaks-down** or the spouse becomes co-dependent” (Participant 8);
- “Dit veroorsaak **huweliksprobleme** wat soms **lei tot egskeiding**...” [It can lead to divorce that is caused by marriage problems] (Participant 10);
- “Extra marital affairs, no trust in the relationship, and verbal and physical abuse eventually **leads to divorce**” (Participant 13);

- *“Spouses either have frequent violent physical or verbal fall-outs and then the marriage tends to break-up, people separate and this leads to broken homes”* (Participant 18).

It can be concluded in the light of the for mentioned that alcohol abuse indeed has a serious effect on the stability of a marriage and that excessive drinking often may lead to divorce or break-up of the marital relationship.

In conclusion of this section, it is clear from the above mentioned findings that alcohol abuse plays a detrimental role on families and affects a family in many negative ways. Alcohol abuse may be contributing to physical and emotional abuse within families, it may impact negatively on the fulfilment of family roles, alcohol abuse negatively influence the economic situation within families, it may cause neglect of children, children being emotionally and physically abused, children suffering behavioural problems at school, alcohol abuse contributes to poor parenting skills and role models for children, alcohol abuse within families impacts on marital relationships in the sense that it contributes to domestic violence, marital conflict and even divorce.

SECTION G: SYSTEMS THEORY PERSPECTIVE

In this section the systems theory and the views of social workers on the role of this theory regarding a better understanding of the dynamics within an alcohol abusing family is presented. Alcohol abuse may be explained in terms of the systems theory and questions were asked to investigate the opinions of the participants regarding the value of the systems theory for them to better understand their alcoholic clients in this regard. Theme 5 underneath deals with the systems theory. One sub-theme and one category emerged from the theme on the systems theory and will be discussed underneath.

4.8 THEME 5: SYSTEMS THEORY

As part of the theme, Systems Theory, only one (1) sub-theme, the effect of alcohol abuse according to the systems theory, was identified. One (1) more category in this theme was identified, namely the dysfunctional functioning of families affected by alcohol abuse.

Sub-theme 5.1: Effect of alcohol abuse in systems theory

All of the participants were asked if they were familiar with the systems theory and only sixteen of the participants (80%) were able to positively answer the question asked on the effect of alcohol abuse based on the systems theory within the family.

It may be concluded that not all the participants were knowledgeable regarding the systems theory.

For the purpose of this study, the responses of these 16 participants will be investigated.

The following category emerged from this sub-theme namely, the disorganized functioning of families affected by alcohol abuse.

4.8.1.1. Category: The dysfunctioning of families affected by alcohol abuse

When alcohol or drugs are introduced into a family system, the family's ability to regulate its emotional and behavioural functioning is severely challenged. The family will attempt to maintain a certain level of balance itself but generally in the alcoholic home, this form of balance may turn into a dysfunctional kind of balance. Family members can become subsumed by the abuse of alcohol to such an extent they lose their sense of normality. Their life becomes all about hiding the truth from themselves, their children and their relational world. Trust and faith in an orderly and predictable world can be challenged as their family life becomes chaotic, promises are broken and those they depended upon for support and stability behave in untrustworthy ways. Both children and adults in this family may lose their sense of whom and what they can depend upon. Because the disease is progressive, family members seamlessly slip into patterns of relating that become increasingly more dysfunctional (Dayton, 2012:1).

When a family is no longer able to deal with its problems, and cannot provide the basic physical, security, or effective and emotional support for its members, this family is generally referred to as '*dysfunctional*'. There are many reasons why a family becomes dysfunctional. Among others, there are possible factors contributing to dysfunctional families such as alcoholism, drug addiction, physical illness, death, war, poverty, unemployment, mental illness, spouse abuse, child abuse, divorce and polygamy (Guez & Allen, 2000:14).

A family becomes dysfunctional when the alcohol system enters the family and this was confirmed by what some of the participants mentioned in the interviews. The undermentioned narratives indicate the responses of the participants:

- *“I think it depends on whether it is every day and most of the cases I handle the people drink over weekends, but I **think it affects the family functioning because the father cannot do anything**. He cannot be a husband or a father. He becomes dependent, because someone needs to take care of him as well. The children often or the older boy would take care of the safety of the family. So I think that the alcohol abuse is on a regular basis, it becomes, **the family becomes dysfunctional, because there is a father figure that is not present** and uhm ja it also leads to children having to grow up faster and a mom that needs to be the father and the mother, Uhm, so ja”* (Participant 4);
- *“Dysfunctional family”* (Participant 5);
- *“They **don’t function as a whole**, because your first aspect should be communication. Mom and dad hardly speak, especially over weekends and the point being if mom also drinks with dad, the kids normally get neglected and that is when the abuse of the children come in. So **there is not a functionality as a whole**”* (Participant 6);
- *“Alcohol abuse leads to **a dysfunctional family** and it then affects people’s health and how they act”* (Participant 9);
- *“I think it breaks up, because **the father does not fulfil his role and then the mother has to fulfil his role**. Mom is also not able, because of alcohol to fulfil her role and that is when the children need to fulfil the parent’s roles. Some of them leave their husbands. The outcome then is a dysfunctional family”* (Participant 12);
- *“I would say that the family just **remains in the dysfunctional system**”* (Participant 17).

It is evident that a family becomes dysfunctional when alcohol is being abused within the nuclear family as seen in the responses of participants and theory as mentioned above.

The systems theory acknowledges the fact that change in the family system is stressful and that tension is caused within the family. This applies to any change, positive or negative (e.g., death or other loss of a member, marriages, births, adoption, geographic moves, change in social status), because change requires families to dedicate resources and energy to adapt and adjust to their new circumstances (Brandell, 2011: 3 - 7). This is also seen in the narratives below:

- *“The abuse in the family can be painful for the whole family. Some families can develop a denial, uh... coping skill, like denial to protect themselves. Some families suffer financially and go to uhm... welfare organisations and to other family members. **Routines in the family are usually interrupted and unexpected**, like if the father drinks and uh... their **normal routine would be stopped just to please the fathers needs** at that time and it can also **develop a very tense family atmosphere**”* (Participant 1);
- *“It definitely **shifts in different ways**. So what would happen is that **some of the other family members would definitely take some of the dad’s responsibilities** over. His role would definitely be absent”* (Participant 14).

In view of the above mentioned it may be concluded that a family who has to deal with alcohol abuse and specifically alcohol abuse by the father, does not function as a whole when there is alcohol being abused and certain roles changes within the family. This has been confirmed by the data collected during the interviews. It may be concluded that these families function on a dysfunctional level.

SECTION H: SOCIAL WORK AND ALCOHOL ABUSE

In this section the social workers interviewed were asked what their views were on alcohol abuse within the family and what their experiences were with families where alcohol is being abused. The participants could identify what can be done to decrease alcohol abuse among fathers and what preventative programs could be implemented among men or fathers of a household abusing alcohol. From this theme (Social work and alcohol abuse) came two sub-themes (Experiences of social workers; Role of social workers during alcohol abuse) and three categories (Supporting families of alcoholics; Encouraging rehabilitation; Implementing preventative programs).

Questions were asked during the semi-structured interview to determine the views of the social workers regarding their perception and role pertaining to services during alcohol abuse. Questions also aimed to probe to the extent where social workers could share their views on specific matters, such as the three categories, supporting families of alcoholics; encouraging rehabilitation; implementing preventative programs).

The data is presented in the section below.

4.9 THEME 6: SOCIAL WORK SERVICES AND ALCOHOL ABUSE

4.9.1 Sub-theme 6.1: Experience of social workers

Some of the participants could identify various personal experiences when rendering professional services when working with alcohol abuse and this is presented in the narratives below:

- *“In my own experience, uhm... I have dealt with a lot of people and fathers and men abusing alcohol in a family context. Uhm... that has shown me that the desire to change, you have to have a motivation to change before you can change and there can be positive changes made if there is a strong motivation. If you see a father whose children has been taken away from him that is a good motivation to change and that helps a lot for the family at the end”* (Participant 1);
- *“I would say that alcohol abuse according to my experience is the root of many, of almost all social problems”* (Participant 4);
- *“If I look at my caseload, uhm I work on the farm areas and those women are dependent on those guys, because they don’t have a house and there is children involved. Most of them aren’t even married in my case. So they live together for ten, fifteen, twenty years, but if she leaves where does she go to with the children. So she feels obligated to stay, so that abuse she takes for years. The children see it, the children get emotionally abused for years, because mom has no other option”* (Participant 6).

In view of the for mentioned narratives by the participants, it is clear that families involved with alcohol abuse, in particular by fathers, indeed struggle with a number of social problems, however there seems no way to stop this dysfunctional life style. It is there for concluded that the experience of social workers agree with literature stating that tension is caused within the family. This applies to any change, positive or negative (such as death or other loss of a member, marriages, births, adoption, geographic moves, change in social status), because change requires families to dedicate resources and energy to adapt and adjust to their new circumstances (Brandell, 2011: 3 – 7).

4.9.2 Sub-theme 6.2: Role of social workers in alcohol abuse

4.9.2.1 Category: Supporting families and alcoholics.

Since family functioning in general denotes relational processes, family functioning is concerned with the processes by which a family attains its various functions, such as emotional and economic support (Botha & Booysen, 2013:2).

When the family withdraws itself from social circles, it may have negative consequences on the parent who abuses alcohol, such as the alcohol abuser losing the support needed, less support for the spouse not abusing alcohol, less support for the children of the alcohol abuser and also the children not seeing and bonding with other family members (McCarthy & Galvani, 2012:10). As already indicated in abovementioned themes and sub-themes, alcohol abuse has a negative effect on the family and without sustainable support networks, the families' functioning will not be as effective as that of a family where alcohol is not being abused.

The following narratives give an indication of the types of support that can be provided to families and alcoholics as a response by the participants to a question in this regard:

- “*Social workers can **assist the family** to develop coping skills and to **assist the family** to send the member to rehabilitation...*” (Participant 1);
- “*I would say there should be **more like the AA, support groups** where children and family members can go and where it is not frowned upon or stigmatized or ashamed. So people or there should be more organizations focusing on alcohol abuse like Badisa*” (Participants 4);

- *“Ondersteuningsgroepe deur maatskaplike werkers moet aangebied word aan families en vriende van vaders wat alkohol misbruik”* [Support groups by Social workers should be offered to families and friends of fathers who abuse alcohol] (Participant 7);
- *“They need to understand addiction, the impact thereof and how recovery works. They also need to deal with the impact of the abuse on them and learn how to live independent from the substance abusing pattern”* (Participant 8);
- *“Support services or support groups for the family and father should be encouraged”* (Participant 9);
- *“Aansluit by ondersteuningsgroepe in soos AA en ondersteuning aan die vrou gee sodat sy nie die man moet afkraak nie”* [Join support groups such as AA and support to the woman should be provided so that she does not belittle the man] (Participant 11);
- *“Try to talk to the woman and empower them. My point I want to make, there are strong woman to run their households, because if the woman can say no and say okay the husband can only drink on the Saturday and enforce woman”* (Participant 12);
- *“Support, support groups can work, support groups can be a great idea for women that have husbands who abuse alcohol”* (Participant 14);
- *“Support groups that are accessible and to empower woman to stand up against husband abusing alcohol”* (Participant 17);
- *“Effective support group structures needs to be freely available in communities and recovering alcoholics should run these programs in collaboration with service providers such as rehabs”* (Participant 18).

In view of the above mentioned, it may be concluded that social workers are of the opinion that support for families dealing with alcoholism is of utmost importance, specifically for the female

life partner who often has to be a single parent in the absence of the father. Social workers feel strongly about the possibility of implementing support groups and other similar programs to support families.

4.9.2.2 *Category: Encouraging rehabilitation*

The participants were asked if alcoholics should be referred to rehabilitation centres and what can be done to motivate the alcoholics in order for them to agree to rehabilitation and eight of the participants (40%) could answer. These responses are presented in the narratives below:

- *“**Rehabilitation** yes, but I always believe that prevention is better than a cure*
(Participant 2);
- *Well obviously first start by uhm **looking if you can’t send the person to rehab** or what we regularly may have is conversations with that person because it needs to be or he or she wants to change and then we refer to SANCA and we refer to rehabs ourselves or we refer to SANCA and after if that doesn’t work we equip the younger family members with skills to take care of themselves”* (Participant 3);
- *“There is **rehab**, but the problem is **the father must be willing to admit that he has a problem and once he takes the first step of identifying the problem, help can be provided to him**”* (Participant 6);
- *“**Vaders moet gemotiveer word om ‘n verandering te wil maak en sonder motivering vir rehabilitasie** gaan ‘n vader nie ‘rehab’ toe wil gaan nie en is ek van mening dat onvrywillige opname nie altyd suksesvol is nie”* [Fathers must be motivated to want to make a change and without any motivation for rehabilitation the father would not want to go to rehabilitation and I think that involuntary admission is not always successful]
(Participant 7);
- *“**Fathers should be encouraged to go to rehabilitation or out-patient treatment**”*
(Participant 9);

- *“Alkoholiste kan óf uit eie beweging óf in opdrag van ’n landdros (ná sertifisering deur ’n distriksgeneesheer en ’n tweede geneesheer) in ’n sentrum onder die beheer van die Departement van Nasionale Gesondheid opgeneem word. Ná sy ontslag uit ’n sentrum word die pasiënt en sy gesin minstens ’n jaar lank gereeld deur ’n maatskaplike werker of gemeenskapsverpleegster besoek”* [Alcoholics can either choose to or by a court order of a magistrate be admitted to a centre that is included under the control of the Department of National Health. After his discharge from the centre, the patient and his family at least a yearlong governed by a social worker or community nurse visit] (Participant 10);
- *“Rehab can be encouraged, only if the father is willing”* (Participant 20).

In view of the above mentioned, social workers view rehabilitation as a positive option in the treatment of alcoholics, due to the fact that the profession has a number of options available for an alcoholic and his rehabilitation (Integrated Service Delivery Model, 2006:20). It can therefore be concluded that social workers will attempt to motivate alcoholics for treatment.

4.9.2.3 *Category: Implementing prevention programs*

In exploring the views of social workers, it was found that prevention programs is seen as an effective treatment option and agreed upon by most of the participants interviewed. The responses of the participants regarding the possibility of preventative programs when dealing with alcohol abuse are presented below:

- *“Many men or fathers can be helped if they show the desire to change their behaviours. If not for that uhm... desire to change, you can’t change a person. The stress and pressure that are on fathers are under, needs to be decreased and fathers need to learn how to solve their problems and emotions and not to use alcohol as a coping skill or mechanism to solve their problems”* (Participant 1);
- *“Rehabilitation yes, but I always believe that prevention is better than a cure. So were you start with the prevention thing, (Laughter) I actually, ja, that’s always very difficult, but I do believe in prevention. But perhaps start with prevention programs and with*

*that I mean in school to start with boys very young and help them to **understand that the effects of alcohol abuse** and not just the physical effects, because in school they uhm tend to focus on that and also the emotional effects that they have on people around them and at the end and if they are fathers and if they have a family, what **emotional effects it may have on the family***” (Participant 2);

- *“**Prevention of the next generation**, because most of our, most of farms have drunk forever. So prevention better than lead to make sure that the other kids in the house and the next generation doesn’t drink that much”* (Participant 3);
- *‘Joh’ I think it should start in school already, very early. **Prevention, preventative work from a very young age** and to actually build a positive or to focus on the positive consequences a father can have in a household and to show men the pleasures fathers can have. Uhm because we tend to focus on the mothers from the social workers, we always focus on the mothers. We need to talk to **the fathers and I think they must be more included in service delivery** and also how they are. You know they must be more inclusive of men as well and to also give them if the father does not have a job or does not have any money to show him the value he can bring to the family, because I think if you look at general roles, men always see that they have to have a job, that they have to work otherwise they are a failure. **I think it would be good to show men that they could still contribute and be the main man in the house even if they don’t have a job**”* (Participant 4);
- *“Yes, because we are already sick. Uhm. I also think that I have answered the last question in regards to **being preventative and giving educational courses** with children to make sure that this does not continue”* (Participant 5);
- *We **have some prevention programs** that we do implement at the office and we also refer them to Sunrise Val in Paarl, but it is in an outpatient thing, so if they feel they actually need to go to two or three sessions they can be put in a place for two or three months. **By all means we help them as far as we can**, but if it gets to bad and they refuse to get help, the worst possible scenario is that the children gets removed. The mom and the children gets removed for their safety”* (Participant 6);

- *“Community based prevention programs should be interpreted”* (Participant 9);
- *“Deur voorkomingsprogramme aan te bied in die gemeenskap en hoe om hul vryetyd beter te benut deur meer tyd met hulle families te spandeer, ens”* [By implementing prevention programs within the community and how to use their leisure time better with their families] (Participant 10);
- *“Social workers **should present more** education, **prevention** and awareness programs regarding alcohol abuse within the family”* (Participant 17);
- *“Equip them with skills to handle stress better and also make them aware of the fact how easy one gets caught up in such situation”* (Participant 20)

Sewpaul and Jones (2005: 218 – 230) state that possible programs aiming at enhancing the skills of clients to deal with alcoholism may be development of parenting skills, problem solving, decision making, managing stress and conflict, economic empowerment, strengthening family units, preparation for the different stages of the life cycle and recreation for specific people at risk, such as the relatives of alcoholics.

In view of the above mentioned, it may be concluded that the view of social workers on the role of preventative programs is positive. They perceive prevention as significant and confirm that prevention may contribute hugely to the education, skill-development, recreation skills and more, in order to prevent alcohol abuse in families. In this regard, the need for prevention programs was clearly recognized. Prevention programs should be implemented more, preventing family members from abusing alcohol.

4.10 CONCLUSION

Analysis of the empirical findings as gathered through the semi-structured interviews were presented in this chapter according to, firstly, the biographical information of the participants, in terms of factors such as years of experience, the type of service provider, the core business of participants, the average caseload per month of each participant and the percentage of clients affected by alcohol abuse by a father. Furthermore six themes were explored with regard to the views of social workers on the functioning of nuclear families where alcohol is being abused

by a father. These six themes included the identifying details of each participant, the alcohol abuse context, factors leading to alcohol abuse, effects of alcohol abuse, the views of social workers on alcohol abuse and the systems theory. These themes were explored within respective sub-themes and categories accordingly, reflecting on participant narratives and correlation of findings with relevant literature. The following themes were investigated, profile of participants, alcohol abuse context, factor leading to alcohol abuse, effect of alcohol abuse, systems theory and social work and alcohol abuse. These themes were further investigated by a number of sub-themes as well as a number of categories.

In the next chapter, the fourth objective is addressed namely to make recommendations for social work practice and future research concerning alcohol abuse among fathers in nuclear families.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The impact of alcohol abuse has a detrimental effect on families, communities and society. Families within South Africa and all over the world are impacted on a negative level when alcohol is being introduced and misused within their family lives. The use of alcohol impacts negatively on the alcoholic, his/her family and the community and damages the health of the alcoholic which can lead to cancer, heart diseases and psychological disorders as seen in chapter two of the research study.

Social work service rendering may contribute to a successful and effective manner in which the negative impacts of alcoholism in families may be decreased.

The aim of this chapter is to present the findings from the empirical study that was conducted about the views of social workers on the social functioning of the nuclear family when alcohol is being abused by a father. Recommendations that could potentially improve services to families where alcohol is being abused by a father will also be made. A final recommendation for further research based on the findings and conclusions in this study will be made.

The goal was achieved by the implementation of the research objectives as outlined in the relevant chapters:

- Chapter 1: An introduction and motivation for the study;
- Chapter 2: An overview of the prevalence and nature of alcohol abuse of fathers in nuclear family. (Objective 1);
- Chapter 3: A description of the functioning of nuclear families affected by alcohol abuse by a father from a systems theory perspective (Objective 2);
- Chapter 4: An investigation on the understanding and the views of social workers on the functioning of nuclear families affected by alcohol abuse of a father (Objective 3);

5.2 CONCLUSIONS AND RECOMMENDATIONS

The following section will constitute the conclusions and recommendations in this study made as a result of the findings as indicated in the empirical study (see Chapter 4). The format that will be followed will be in accordance with the layout of Chapter 4. The conclusions and recommendations regarding the biographical information of the participants, the alcohol abuse context, the factors leading to alcohol abuse, the effect that alcohol abuse has on the family, the systems theory and social work within alcohol abuse will be briefly concluded.

5.2.1 Profile of participants

This section dealt with the biographical information regarding the participants in the study, namely the participants' years of experience, the type of service providers they are currently employed at, the core business of the participants, their average case load per month, and the percentage of clients affected by alcohol abuse by fathers.

Conclusion

During the implementation of the semi-structured interviews with the participants, most of the participants mentioned that they have experience in working with families where alcohol has been introduced by a family member. More than half (55%) of the participants are employed in an organisation that is a public sector and at an organisation that focuses on child and family protection and the other 45% work in private organisations which could be their own organisations that has experience working with alcohol abuse in families. Eighteen (18) or 90%, of the participants mentioned that they are working directly with families where alcohol abuse is present and that alcohol abuse by a father has a huge impact on the families' social and other functioning.

Recommendation

- In the light of the fact that nearly all social worker are confronted with caseloads where alcoholism is present, more relevant training within institutions for student social workers should to be offered for when they eventually start practice when they will have to render services in the field of alcohol -and other substance abuse.

5.2.2 Alcohol abuse context

This section focused on alcohol abuse within South Africa and what the social workers' views were pertaining to the nature and effects of alcohol abuse on the nuclear family. Social issues were identified by the participants when they explained their views on alcohol abuse within the South African context.

Conclusions

All of the participants have experienced working with alcohol abuse and the results within this theme indicated that alcohol abuse is a huge problem within South Africa, similar to the rest of the world. Alcohol abuse leads to other social issues such as domestic violence, child neglect, unemployment, divorce, family violence and financial issues.

Families of alcoholics are placed under significant financial pressures. The emotional and psychological impact on families are substantial and is perceived as a huge problem within South Africa, following a number of social issues which should be addressed by Social Work and other professional services.

Recommendations

In the light of the mentioned conclusions, the following recommendations are presented:

- Professions, and in particular Social Work, should be better equipped with skills when working with families of alcoholics as well as with the alcoholics themselves;
- There should be a more focussed training to professionals such as social workers in alcohol - and other kinds of substance abuse within their tertiary education preparing the professionals to effectively address the need to services within the alcoholic context;
- More training on how to address social issues related to alcohol abuse should also be focused on;
- There should furthermore also be training and supportive programmes implemented for families where alcohol is becoming an issue.

5.2.3 Factors leading to alcohol abuse

There are certain factors such as genetic factors, environmental factors and psychological factors that play a role in the abuse of alcohol and this was identified by the participants as well as the literature study conducted in chapter two. The following conclusions and recommendations are made in this regard.

Conclusion

As part of the discussion on genetic factors playing a role in alcohol abuse, the participants confirmed that genetics indeed play a role when alcohol is being abused and that alcohol can lead to a genetic predisposition within a person who is abusing alcohol. According to some of the participants, a person who abuses alcohol could have grown up with a father being an alcoholic and the father's father also abusing alcohol and this could be seen as a genetic pattern within the family.

Eleven (11) or 55% participants agreed that the environment plays a role when a person is abusing alcohol and factors that could lead to alcohol abuse within the environment can be poverty, the influence of neighbours or the community using and abusing alcohol, a lack of work and income, peer group pressure and role models within the environment such as family members, friends and community members who pretend that using or abusing alcohol is not such a big issue especially when a certain age is reached.

Stress and the need for acceptance is seen as a psychological problem and this is usually caused by environmental factors as mentioned by some of the participants. Some people find it difficult to effectively deal with stress and then come to the decision that using alcohol may decrease the stress levels but on the contrary, more stress is created.

Recommendations

In view of the above conclusions, the following recommendations are presented:

- Resources should be made available to community members and families where alcohol is being abused in order to address their physical and emotional needs during periods of alcohol abuse;

- Professionals (Social Workers) should be more accessible to families and alcoholics when seeking help or advice;
- A culture should be developed where *responsible use* of alcohol is seen to be ‘cool’ and the ‘smart’ thing to do, especially with regard to younger people;
- Family counselling should be provided to families;
- Prevention programs should be in place in schools with children at a young age regarding the factors that can lead to alcohol abuse and how they could/can overcome being pressured into using or abusing alcohol;
- Fathers should be motivated to change, because without motivation to change and to deal with the problem of alcohol abuse, fathers would not voluntarily co-operate regarding a rehabilitation process;

5.2.4 Effect of alcohol abuse

The factors that lead to a person abusing alcohol are interrelated and may therefore influence many different effects on the alcoholic as well as the family of the alcoholic. Alcohol abuse has an effect on the family roles, children and their school performance, income, physical and emotional well-being of the alcoholic and family members, parenting skills and marital relationship.

Conclusion

Alcohol abuse is generally associated with the failure to control own intake of alcohol and the control of behaviour after a drinking session. The short-term effects of alcohol abuse as identified include socially-inappropriate behaviour such as loose talk including the use of vulgar and foul language with disregard of the environment, urinating and defecating in one's clothes, vomiting, undressing in public view, domestic violence, failure to meet one's domestic - and work obligations, failure to take care of one's physical needs including the inability to eat food and inability to know when to stop drinking.

Recommendations

In view of the above mentioned the following recommendations are presented:

- Prevention programs that focus specifically on alcohol abuse and the negative consequences thereof, should be implemented within schools in order to address the need of young people;
- Support programs that focus on the needs of wives/partners of alcoholics should be developed and implemented;
- Resources should be available to children within their respective communities when they experience certain challenges at home, school and within their communities regarding the negative effects of alcohol - and other substance abuse;
- More rehabilitation centres should be available within the communities, but in particular at an affordable economic fee for the benefit of both the alcoholic as well as for the families;
- Marriage counselling services should be made available within the social service organisations in all communities;
- There should be more awareness created around alcohol abuse amongst the general population by means of various media channels and by hosting charity and awareness events;
- Social workers should protect the family structure of the persons affected by alcohol abuse and those who are dependent on alcohol.

5.2.5 Systems theory

During the implementation of the semi-structured interviews, the investigation attempted to determine the knowledge – and skill levels of social workers regarding the systems theory as a framework to better understand the alcoholic behaviour of clients. The systems theory was explained where after the views of social workers could be determined.

Conclusion

When alcohol or drugs are introduced into a family system, the family's ability to regulate its emotional and behavioural functioning is severely challenged. The family will generally reach

a collective manner to balance itself, however, this balance normally results in different forms of dysfunctional behaviour as a family.

The effect of alcohol abuse by a father Participants were asked what the outcome is when and the following dysfunctional behavioural patterns were confirmed in this study. Furthermore the nuclear family as a system may disintegrate, and role fulfilling shifts to other family members. Family members also become co-dependant on each other and the problems turn into a negative cycle of supporting and covering for the father abusing alcohol.

Recommendations

In the light of what was found in this study the following recommendations are presented:

- Training regarding the systems theory as a framework to better understand the alcoholic as well as to the benefits for treatment programs in this respect should be enhanced within a tertiary context.

5.2.6 Social work and alcohol abuse

Social work within the context of alcohol abuse is becoming a major challenge for the social work profession pertaining to a variety of reasons, especially when social workers are rendering services to alcoholics and their families. It was established within this study that alcohol abuse poses a major challenge for this profession, especially also regarding the youth living in a household where the fathers are abusing alcohol. In view of the for mentioned narratives by the participants, it is clear that families involved with alcohol abuse, in particular by fathers, indeed struggle with a number of social problems, however there seems no way to stop this dysfunctional life style.

It is there for concluded that the experience of social workers agree with literature stating that social work as a profession has a responsibility and an ability to render services in the context of social abuse.

Conclusion

It is confirmed in this study that social workers has a responsibility to render services to families where alcohol abuse is present. It was established that alcohol abuse is in most instances the reason and the root to many other social ills and problems.

Recommendations

In view of the fore mentioned the following recommendations are presented:

- Social workers should take into account the values, perceptions, expectations and beliefs cherished by communities regarding alcohol - and other substance - and thus address the personal and social skills of people, especially children and youth, to increase their capacity to make informed, healthy and acceptable choices within their respective communities;
- Social workers have to be supported to assist, guide and support the family of the alcoholic as a whole in developing their coping skills and also in trying to motivate the individual to agree to rehabilitation;
- Support groups within social work practice and also within communities need to be established that is accessible to all within the community. Support groups may be established within communities where by women could be empowered to stand up for themselves during alcohol abuse and also during instances of abuse and violence during alcohol abuse. It is the responsibility of the social worker to identify and help build on the strengths of alcoholics and their families. The support group could be the ideal setting to do just that;
- Social workers should be more effectively trained regarding the Prevention of and treatment for Substance Abuse Act, 70 of 2008 and its implications for the social work profession. The Prevention of and treatment for Substance Abuse Act, 70 of 2008 should be implemented in each social work organisation in order for social workers to become more effective in working with alcohol abuse and other substance abuse.

5.3 RECOMMENDATIONS FOR FURTHER RESEARCH

The Prevention of and Treatment for Substance Abuse Act, 70 of 2008:

It is evident that when planning and implementing programmes within a community, certain matters need to be taken into consideration and certain people need to be focused on which the mentioned Act speaks very clearly about.

According to the Prevention of and Treatment for Substance Abuse Act, 70 of 2008, article 9, the purpose of prevention programmes is to prevent a person from using or continuing to use substances that may lead to abuse or result in dependence. Prevention programmes must focus on:

- Preserving the family structure of the persons affected by substance abuse and those who are dependent on substances;
- developing appropriate parenting skills for families at risk;
- creating awareness and educating the public on the dangers and consequences of substance abuse;
- engaging young people in sports, arts and recreational activities and ensuring the productive and constructive use of leisure time;
- peer education programmes for youth;
- enabling parents and families to recognise the early warning signs with regards to substance use and equipping them with information on appropriate responses and available services; and
- Empowering communities to understand and to be proactive in dealing with challenges related to substance abuse, and its link to crime, and health conditions.

In the light of the expectations of the above act, it was however observed during this particular study that there is still a need for programs that focus on alcohol abuse and other substance abuse and that these programs and the implementation there of is indeed a need in communities and social work organisations.

Future research therefor should include and address the following:

- The field of alcohol abuse and other substances should be focused on more readily within **social work research**, thus acknowledging and identifying the key relationship between alcohol abuse, social work service delivery and the support of the recovery of alcoholics;
- **Social work techniques** pertaining to dealing with the alcoholic should be researched as well as the effectiveness of such techniques within the social work field;
- Further research should be conducted on **implementing more prevention programmes** within the communities in South Africa;
- Further research can be conducted to determine the sustainable **effectiveness of emotional support groups such as AA (Alcoholics Anonymous)** where alcoholics come together more informally to support each other;
- According to the National Drug Master Plan 2013 – 2017, **development and implementation of multi-disciplinary and multi-model protocol and practices** for integrated diagnoses and treatment of substance dependence and co-occurring disorders and funding for such diagnosis and treatment should be utilized within the communities;
- Future research should also focus on **job opportunities and the creation thereof in the fight against alcohol – and other substance addiction**;
- Research regarding the stronger application of legislation regarding alcohol use and alcohol abuse should be conducted;

5.4 CONCLUSION

In this study the focus was on the views of social workers on the social functioning of the nuclear family where alcohol is being abused by a father. Each participant could give their view on alcohol abuse in general and also how alcohol abuse affects the families' functioning as a whole.

It was identified that social workers need to be better equipped with the necessary skills and techniques on how to support and work with families where alcohol is involved. Currently alcohol abuse is seen as a major problem all over the world.

Within communities and families there must be established a certain knowledge base that enables community members to know that there are support groups and social services available within their communities.

It is also perceived that alcohol abuse among males is more common and that this phenomenon may in many cases prompt females to also abuse alcohol because the female is often dependent on the male. Children are exposed to alcohol from a young age because of their father or mother abuse alcohol and they then think that it is the norm to abuse alcohol.

There is a significant role for social workers in substance abuse and in order for social workers to become more efficient in working with families involved with alcohol abuse, more development needs to take place in order for the social worker to perform his/her support role effectively.

Chapter one dealt with the introduction to the study, whereas chapter two and three dealt with the literature review. Chapter four dealt with the empirical study which included executing interviews with twenty participants (Social Workers) and six themes have been identified during the analysis of the interviews. In the final chapter, chapter five, conclusions and recommendations have been made.

Out of this research the researcher could identify the factors that leads to alcohol abuse, the effects that alcohol abuse has on an individual and his/her family and the social workers' experience in working with families where alcohol is being abused.

BIBLIOGRAPHY

Alcoholics Anonymous. 2001. *The Basic Text for Alcoholic Anonymous*. 4th edition. A.A. World Services Inc.

Alcohol Res Health. 2000. *Health Risks and Benefits of alcohol Consumption*. 24(1):5-11.

Allen, S. & Daly, S. 2002. *Newsletter of the Father Involvement Initiative*. Ontario Network. University of Guelph.

Austin, T.L., Bezuidenhout, C., du Plessis, L., Jordan, E., Lake, M., Nel, J., Phyllay, B., Ure, G., Visser, C., von Krosigk, B. & Vorster, A. 2009. *Abnormal Psychology. A South African Perspective*. Oxford University: Oxford.

Babbie, E. 2010. *The practice of social research*. Chapman University, Thomson Wadsworth. 12th edition: USA.

Banmen, K.M. 2001. *Changing the Impact of Family Rules*: Australia.

Boote, D N. & Beile, P. 2005. *Scholars before researchers: On the centrality of the dissertation literature review in research preparation*. *Educational Researcher* 34(6): 3-15.

Botha, F. & Booysen, F. 2013. *Family functioning and life satisfaction on happiness in South African households*. Rhodes University: Grahamstown.

Brandell, J.R. 2011. *Theory and Practice in Clinical Social Work*. Sage Publications: New York.

Butcher, J.N., Mineka, S. & Hooley, J.M. 2010. *Abnormal Psychology*. 14th Edition. Pearson International Edition: Boston.

Bwisa, H.M. 2008. *How to write a statement problem. Your proposal writing companion*. Jomo Kenyatta University of Agriculture and Technology: Nairobi.

Centre for Addiction and Mental Health, 2007. *Alcohol and Cancer: Best Advice*

Clark, H.W. 2002. *Bridging the gap between substance abuse practice and research: The National Treatment Plan Initiative*. Florida State University College of Criminology and Criminal Justice: Florida.

Coyle, J.P., Nochajski, T., Maguin, E., Safyer, A., DeWit, D., & Macdonald, S. 2009. *Journal of Family Issues: An exploratory Study of the Nature of Family Resilience in Families Affected by Parental Alcohol Abuse*. SAGE publications: New York.

Creswell, J W. 2007. *Qualitative research designs. Choosing among five traditions*. Thousand Oaks: Sage Publications: USA.

Dayton, T. 2012. *The set up: Living with addiction*. Sage Publications: New York.

Denscombe, M. 2003. *The Good Research Guide for small scale social research projects*. 2nd edition: Open University press: Berkshire.

De Vos, A. Strydom, H. Fouché, C. & Delport, C. 2011. *Research at Grass Roots. For the social science and human service professions*. 4th Edition. Van Schaik Publishers: Pretoria.

Dick, D.M. & Agrawai, A. 2008. *The genetics of alcohol and other drug dependence*. Alcohol Research and Health. Volume 31 (2): 111 – 118.

Dodgen, C.E. and Shea, W.M. 2000. *Substance use Disorders, Assessment and treatment*. Academic Press: New Jersey.

Easterby-Smith, M. 2011. *Handbook of Organizational Learning and Knowledge Management*. 2nd Edition, Wiley Publications: United Kingdom.

Edenburg, H.J. and Foround, T. 2013. *Genetics and alcoholism*. Vol. 10 (August): 487 – 494.

Edward, J.O. 2009. *The many kinds of family structures in our communities*. National Association for the Education of Young Children.

Elliot, D.B. 2008. *How nuclear is the nuclear family? Extended family investments in children*. University of Maryland: Department of Sociology: Maryland, USA.

Ellis, G.F.R, Stein, D.J, Thomas, K.G.F, & Meintjies, E.M. 2012. *Substance use and abuse in South Africa*. Insights from Brain and Behavioural Sciences. Cape Town.

Engelbrecht, L.K. 2006. *Plumbing the brain drain of South African social workers migrating to the UK: Challenges for Social Service Providers*. Social Work/Maatskaplike Werk, 42(2): 127-146.

Ezzati, M., Lopez, A.D., Rodgers, A. & Murray, C.J.L. 2004. *Comparative Quantification of Health Risks*. Global and Regional Burden of Disease Attributable to Selected Major Risk Factors. Volume 1. WHO; 17 – 18.

Fisher, G.L. & Harrison, T.C. 2013. *Substance abuse, Information for School Counselors, Social Workers, Therapists, and Counselors*. 5th edition. Pearson Publishers: University of Nevada.

Flemming, J.S. 2004. *Psychological Perspectives on Human Development*: Washington, D.C.

Freeman, M. & Parry, C. 2006. *Alcohol use Literature Review*: Telkom South Africa.

Gifford, M., Friedman, S. & Majerus, R. 2010. *Alcoholism*. Greenwood Publishing Group: USA.

Gilmore, I. 2011. *Alcohol, Work and Productivity*. Scientific Opinion of the Science Group of the European Alcohol and Health Forum: Europe.

Goldenberg, H. and Goldenberg, I. 2013. *Family Therapy: an overview. 8th Edition*. Brooks/Cole: USA.

Government of South Australia. 2006. *Guidelines for addressing Alcohol and other drugs in the workplace*: Australia.

Guez, W. & Allen, J. 2000. *Module 3: Social Work*. UNESCO: Swaziland.

Harker, N, Kadar, R, Myers, B, Fakier, N and Parry, C. 2000. *Substance abuse trends in the Western Cape*. A review of studies conducted since 2000. University of the Cape Town: Cape Town.

Hennink, M., Hutter, I. & Bailey, A. 2011. *Qualitative Research Methods*. Sage publications. University of Groningen: Groningen.

Hersen M. & Gross, A. 2007. *Handbook of Clinical Psychology. Family Systems*. Wiley Publishers: United Kingdom.

Hepworth, D.H. & Larsen, J.A. 2013. *Direct Social Work Practice: Theory and skills*. Brooks/Cole Publishers: USA.

Hutchinson, D.M, Mattick, R.P, Braunstein, D, Maloney, E. & Wilson, J. 2014. *The impact of alcohol use disorder on family life: A review of the Emperical Literature*. University of New South Wales: Australia.

Integrated Service Delivery Model towards improved Social Services. 31/2006: Republic of South Africa.

Kafuko, A. & Bukuluki, P. 2008. *Qualitative Research in Uganda on Knowledge, Attitudes and practices concerning Alcohol*. University Publishers: Uganda.

Klingemann, H. 2001. *Alcohol and its social consequences, the forgotten dimensions*. World Health Organization. Regional office for Europe: Europe.

Korhonen, M. 2004. *Alcohol Problems and Approaches. Theories, Evidence and Northern Practice*. Ajunnginiq Centre: Ottawa.

Lafene Health Centre. 2003. *Higher Education*. Alcohol and Other Drug Education Service. Kansas State University. Vol.31. Manhattan.

Lamb, W.K.K, Stewert, W. & Kelley.M.L. 2009. *Child Maltreatment, Parent Training With Behavioural Couples Therapy for Fathers' Alcohol Abuse: Effects on Substance Use, Parental Relationship, Parenting, and CPS Involvement*. Sage Publications. Wayne State, USA.

Laszlo, A. & Krippner, S. 1998. *Systems Theories: Their Origins, Foundations and Development*. Amsterdam, Elsevier Uitgewerij: Amsterdam.

Le Poire, 2005. *Introduction: Families, Communication, and Family Communication*.

Lewis, J.A., Dana, R.Q. & Blevins, G.A. 2011. *Substance Abuse Counseling*. 4th edition. Brooks/Cole Publishers: USA.

Long, L.L. & Young, M.E. 2007. *Counselling and Therapy for couples*. 2nd edition. Brooks/Cole Publishers: USA.

Louw, D. & Louw, A. 2007. *Child and Adolescent Development*. University of Free State: Bloemfontein.

McCarthy, T. and Galvani, S. 2012. *Children, Families and Alcohol Use – Essential Information for Social Workers*. A BASW Pocket Guide: Birmingham, United Kingdom.

McNeece, C.A. & Barbanell, L.D. 2005. (3rd edition). *Chemical Dependency: A systems approach*. Prentice Hall: New Jersey.

National Association of Social Work, 2011. *Who are Social Workers?* University of Stellenbosch: South Africa.

National Coalition for the Homeless. 2009. *Substance Abuse and Homelessness*. Washington DC.

National Collaborating Centre for Mental Health, 2011. *Alcohol Use Disorder: The nice guideline on diagnosis, assessment and management of harmful drinking and alcohol dependence*. British Psychology Society: United Kingdom.

National Drug Master Plan 2013-2017: South Africa.

Newman, L W. 2011. *Social Research methods: Qualitative and Quantitative approaches* 7th edition. Pearson Publishers: Boston.

New South Wales Government, 2010. *Research to practice notes: Working with parental substance misuse*. Human Services: Australia.

Ogborne, A.C. 2004. *Theories of Addiction and Implications for counselling*.

O'Hare, T., Tron, T.V., & Collins, P. 2002. *Validating the internal structure of practice skills inventory*. Research on Social Work Practice, 12 (5): 653-668.

Peltzer, K; Davids, A. & Njuho, P. 2011. *Alcohol use and problem drinking in South Africa: Findings from a national population-based survey*. Social Aspects of HIV/AIDS and Health Sciences Research Council, Pretoria: South Africa.

Pithey, A.L. & Morojele, N.K. 2002. *Literature review on alcohol use and sexual risk behaviour in South Africa: UNISA*.

Potgieter, M. C. (2010). *The social work process: Development to Empower People*. Prentice Hall: South Africa.

Rajasekar, S. Philominathan, P. & Chinnathambi, V. 2006. *Research Methodology*. Tamilnada Publishers: India.

Rangarajan, S. & Kelly, L. 2006. *Family communication patterns, family environments, and the impact of parental alcoholism on offspring self-esteem*. *University of Utah Journal* 23(24):655-671.

Reis, H.T. & Judd, C.M. 2000. *Handbook of Social Research Methods in Social and Personality Psychology*. Cambridge University: USA.

RSA. The prevention of and treatment for substance abuse act 70/2008.

Research Society on Alcoholism. 2011. *Impact of alcoholism and alcohol induced disease on America*. NIH Publication: USA.

Secretary of Health and Human Services, 2000. *Special Report to the U.S. Congress on Alcohol and Health, Highlights from current research*. 10th Edition. Public Health Service: USA.

Schiff, S.E. 2004. *Family Systems Theory as Literary Analysis: The case of Philip Roth*. University of Florida: USA.

Sewpaul V. & Jones D. 2005. *Global standards for the education and training of the social work profession*. *International Journal of Social Welfare* Volume 14 (3: 218 - 230).

Smith, E. 2011. *Management Research*. Sage Publication: South African.

Snooks, M.K. 2009. *Health Psychology: Biological, Psychological and Sociocultural Perspectives*. Jones and Bartlett Publishers: Canada.

SACSSP. 1978. Social Service Professions Act, Regulations and Rules Manual. SA Council for Social Service Professions. 3rd Edition: Hatfield, South Africa.

Stroke association, 2012. Alcohol and Stroke: Handout.

Support and Equity unit. 2010. *Alcohol and drug abuse*. University of Tasmania: Tasmania.

Tashakkori, A. & Teddlie, C. 2003. *Handbook of mixed methods in social & behavioural research*. SAGE publications: United Kingdom.

Texas Women University. 2012. *Dysfunctional Families, Recognizing and overcoming their effects*. Denton Publishers: Dallas.

Thom, B. 2003. *Risk-taking behaviour in men Substance use and gender*. Health Development Agency. Middlesex University.

Turning Point. 2006. Turning lives around. *Bottling it up: The effects of alcohol misuse on children, parents and families. Brochure:* London.

White Paper of social Welfare, 1997. *Principles, guidelines, recommendations, proposed policies programmes for developmental social welfare in South Africa:* RSA.

World Health Organisation. 2004. Global status Report on Alcohol. Department of Mental Health and Substance Abuse: Geneva.

World Health Organisation. 2011. *Types of Alcohol and Alcoholic Beverages:* Switzerland.

Yawson, R.M. 2013. *Systems theory and Thinking as a Foundational Theory in Human Resource Development*. A myth or reality. Sage publications: USA.

Zohhadi, S. 2006. *Problem drinking and fatherhood. The parenting and alcohol project*. University of Bath.: United Kingdom.

ANNEXURE A

UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvennoot • your knowledge partner

UNIVERSITY OF STELLENBOSCH

DEPARTMENT OF SOCIAL WORK

**THE FUNCTIONING OF NUCLEAR FAMILIES AFFECTED BY ALCOHOL ABUSE OF A FATHER:
THE VIEWS OF SOCIAL WORKERS.**

GOAL: TO GAIN AN UNDERSTANDING OF THE VIEWS OF SOCIAL WORKERS ON THE FUNCTIONING
OF NUCLEAR FAMILIES AFFECTED BY ALCOHOL ABUSE OF A FATHER.

All the information recorded in this questionnaire will be regarded as confidential.

Interviewer: Janelle Kühn

Date of interview: _____

Number of participant: _____

1. Identifying particulars of participant

1.1 Age of participant

Age	Mark with an X
20 - 30 years	
31 - 40 years	
41 - 50 years	
51 - 60 years	
61+ years	

1.2 Gender of participant

MALE	FEMALE
-------------	---------------

1.3 How many years have you been practicing social work?

Number of years' experience	Mark with an X
6 months - 5 years	
6 - 10 years	
11 - 15 years	
16 - 20 years	
21 + years	

1.4 What is your highest qualification?

Diploma in Social Work	
Degree in Social Work	
Honours degree	
Masters degree	
Doctor's degree	
Other:	

1.5 Type of service provider

PUBLIC	PRIVATE

1.6 Clarify your core business and what does this core business entail:

1.7 What is your average caseload per month:

50 – 60 Files	
70 – 80 Files	
90 – 100 Files	
110 – 120 Files	
130 – 140 Files	
150 – 160 Files	
170 – 200 Files	

1.8 Of this caseload, what would you say is the percentage of clients affected by alcohol abuse by fathers?

10%	
20%	
30%	
40%	
50%	
60%	
70%	
80%	
90%	

2. Training and knowledge in Alcohol Abuse

2.1 Training in alcohol abuse

Did you get any training regarding alcohol abuse within the following contexts?

UNDERGRADUATE	POSTGRADUATE	OTHER	COURSES
		Specify_____	

2.2 Describe the content of the training:

2.3 Was it sufficient to enable you to work with alcohol abuse and their families in your work?

YES	NO

2.3.1 Give a reason for your answer

3. The alcohol abuse Context

3.1 How would you view the current status of alcohol abuse in South Africa from a social work perspective? Why?

4. Questions regarding the study:

4.1 What is your (Social Worker) view on alcohol abuse in general?

4.2 What is your view on alcohol abuse by fathers? Do you think it is just fathers who abuse alcohol? Why?

4.3 How does alcohol abuse affect the family in general?

4.4 How does alcohol affect the marital relationship?

4.5 How does alcohol affect the children within the family?

4.6 What do you think is the most common factors of alcohol abuse by the fathers?

GENETIC	ENVIRONMENTAL	PSYCHOLOGICAL	OTHER

4.6.1 Why do you say that?

4.7 What effect does alcohol abuse of a father have on the family?

HARM ON THE:

FAMILY	CHILDREN	PARENTING SKILLS	MARITAL RELATIONSHIP	OTHER

4.7.1 Why do you say alcohol abuse by a father has an effect on the above mentioned answer?

4.8 The systems theory has been an effective way assessing families for decades and explains how a family should function and also how a family functions when certain problems occur. What do you think is the outcome of a father abusing alcohol on the family? And what does most families decide to do when the father abuse alcohol?

4.9 How else can families where alcohol abuse by a father be further supported in this area?

4.10 What do you think can be done to decrease alcohol abuse among men/fathers of a household?

Thank you for your cooperation

Kind Regards

Janelle Kühn

ANNEXURE B

UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

**THE FUNCTIONING OF NUCLEAR FAMILIES AFFECTED BY ALCOHOL ABUSE OF A FATHER:
THE VIEWS OF SOCIAL WORKERS.**

You are asked to participate in a research study conducted by Janelle Kühn, a master's student from the Social Work Department at the University of Stellenbosch. The results of this study will become part of a research report. You were selected as a possible participant in this study because you are a social worker who render services to families who has a family member who abuse alcohol or other drugs.

1. PURPOSE OF THE STUDY

The aim of the study is to gain an understanding of the views of social workers on the functioning of nuclear families affected by alcohol abuse of a father.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following:

A semi-structured interview will be utilized to gather information confidentially. You need not indicate your name or any particulars on the interview schedule. The schedule will be completed during an interview conducted by a student-researcher, Ms. J. Kühn.

3. POTENTIAL RISKS AND DISCOMFORTS

Any uncertainties on any of the aspects of the schedule you may experience during the interview can be discussed and clarified at any time.

4. POTENTIAL BENEFITS TO SUBJECT AND/OR TO SOCIETY

The results of this study will inform welfare organisations on the views of social workers on the effect alcohol abuse by a father have on the functioning of the nuclear family.

5. PAYMENT FOR PARTICIPATION

No payment in any form will be received for participating in this study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be discussed only with your permission or as required by law. Confidentiality will be maintained by means of coding where each questionnaire is numbered. All questionnaires will be managed, analysed and processed by the researcher and will be kept in a safe place.

7. PARTICIPATION AND WITHDRAWAL

You can choose to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The researcher may withdraw you from this research if circumstances arise which warrant doing so, e.g. should you influence other participants in the completion of their questionnaires.

8. IDENTIFICATION OF STUDENT-RESEARCHER

If you have any questions or concerns about the research, please feel free to contact:

Dr. Ilze Slabbert (Supervisor), Department of Social Work, University of Stellenbosch.

Tel: 021-808 2070

Email: islabbert@sun.ac.za

9. RIGHTS OF RESEARCH SUBJECT

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research. If you have questions regarding your rights as a research subject, contact Ms. Maléne Fouché (mfouché@sun.ac.za; 021 808 4688) at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me the participant _____ in English and the participant is in command of this language or it was satisfactorily translated to him/her. The participant was given the opportunity to ask questions and these questions were answered to his/her satisfaction.

I hereby consent voluntarily to participate in this study.

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ (name of participant). (He/She) was encouraged and given plenty of time to ask me any questions. This conversation was conducted in English and no translator was used.

Signature of Investigator

ANNEXURE C

UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvennoot • your knowledge partner

UNIVERSITEIT STELLENBOSCH**TOESTEMMING OM DEEL TE NEEM AAN NAVORSING**

TITEL: DIE SIENINGS VAN MAATSKAPLIKE WERKERS OOR DIE FUNKSIONERING VAN GESINNE WAT GERAAK WORD DEUR ALKOHOL MISBRUIK DEUR 'N PA.

U word gevra om deel te neem aan 'n navorsingstudie uitgevoer te word deur Janelle Kühn, 'n meesters student, van die Departement van Maatskaplike Werk aan die Universiteit Stellenbosch. Die resultate sal deel word van n navorsings tesis. U is as moontlike deelnemer aan die studie gekies omdat u n agtergrond het van families wat uit huishoudings kom waar alkohol of enige ander dwelm misbruik is/word.

1. DOEL VAN DIE STUDIE

Die doel van die studie is om die maatskaplike werkers se oogpunt te kry oor hoe alkohol misbruik deur n pa die funksionering van n familie aantass.

2. PROSEDURES

Indien u inwillig is om aan die studie deel te neem, vra ons dat u die volgende moet doen:

n Semi-gestruktureerde onderhoud sal gebruik word om inligting vertroulik te versamel.

U hoef nie u naam of enige ander besonderhede in die onderhoud-skedule aan te dui nie.

Die skedule sal tydens n onderhoud gevoer word deur n student, Me. J. Kühn wat besig is met n navorsings projek.

3. MOONTLIKE RISIKO'S EN ONGEMAKLIKHEID

Enige onduidelikhede oor enige van die aspekte in die skedule wat jy mag ondervind, kan ter enige tyd tydens die onderhoud bespreek en verduidelik word.

4. MOONTLIKE VOORDELE VIR PROEFPERSONE EN/OF VIR DIE SAMELEWING

Die resultate van hierdie studie sal Maatskaplike organisasies op hoogte bring van die sienings wat maatskaplike werkers het oor die funksionering van gesinne wat geraak word deur alkohol misbruik deur 'n pa.

5. VERGOEDING VIR DEELNAME

Geen betaling in enige vorm sal ontvang word vir deelname aan die studie nie.

6. VERTROULIKHEID

Enige inligting wat deur middel van die navorsing verkry word en wat met u in verband gebring kan word, sal vertroulik bly en slegs met u toestemming bekend gemaak word of soos deur die wet vereis. Vertroulikheid sal gehandhaaf word deur middel van kodering waar elke vraelys genummer sal wees. Alle vraelyste sal bestuur, ontleed en verwerk word deur die navorser en sal in 'n veilige plek bewaar word.

7. DEELNAME EN ONTTREKKING

U kan self besluit of u aan die studie wil deelneem of nie. Indien u inwillig is om aan die studie deel te neem, kan u te eniger tyd u daaraan onttrek sonder enige nadelige gevolge. U kan ook weier om op bepaalde vrae te antwoord, maar steeds aan die studie deelneem. Die ondersoeker mag u aan die studie onttrek indien omstandighede dit noodsaaklik maak, soos sou u enige ander deelnemers beïnvloed met die beantwoording van hul vraelys.

8. IDENTIFIKASIE VAN ONDERSOEKERS

Indien u enige vrae of besorgdheid omtrent die navorsing het, staan dit u vry om in verbinding te tree met:

Toesighouer: Dr. Ilze Slabbert (Department van Maatskaplike Werk, Universiteit van Stellenbosch)

Telefoon nommer: 021-808 2070

Epos adres: islabbert@sun.ac.za

9. REGTE VAN PROEFPERSONE

U kan te eniger tyd u inwilliging terugtrek en u deelname beëindig, sonder enige nadelige gevolge vir u. Deur deel te neem aan die navorsing doen u geensins afstand van enige wetlike regte, eise of regsmiddel nie. Indien u vrae het oor u regte as proefpersoon by navorsing, skakel met Me Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] van die Afdeling Navorsingsontwikkeling, Universiteit Stellenbosch.

VERKLARING DEUR PROEFPERSOON OF SY/HAAR REGSVERTENWOORDIGER

Die bostaande inligting is aan my _____ gegee en verduidelik deur Janelle Kühn in [Afrikaans/English] en [ek is/die proefpersoon is/die deelnemer is] dié taal magtig of dit is bevredigend vir [my/hom/haar] vertaal. Ek _____ is die geleentheid gebied om vrae te stel en my/sy/haar vrae is tot my/sy/haar bevrediging beantwoord.

[Ek willig hiermee vrywillig in om deel te neem aan die studie/Ek gee hiermee my toestemming dat die proefpersoon/deelnemer aan die studie mag deelneem.] 'n Afskrif van hierdie vorm is aan my gegee.

Naam van proefpersoon/deelnemer

Naam van regsverteenvoordiger (indien van toepassing)

Handtekening van proefpersoon/deelnemer of regsverteenvoordiger

Datum

VERKLARING DEUR ONDERSOEKER

Ek verklaar dat ek die inligting in hierdie dokument vervat verduidelik het aan _____ en/of sy/haar regsverteenvoordiger _____. Hy/sy is aangemoedig en oorgenoeg tyd gegee om vrae aan my te stel. Dié gesprek is in [Afrikaans/*Engels] gevoer en *geen vertaler is gebruik nie/die gesprek is in _____ vertaal deur _____*.

Handtekening van onderzoeker

Datum

ANNEXURE D



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvennoot • your knowledge partner

Approval Notice **Stipulated documents/requirements**

21-Apr-2015
Kuhn, Janelle J

Proposal #: DESC/Kuhn/Mar2015/6

Title: The functioning of nuclear families affected by alcohol abuse of a father. The views of Social workers

Dear Miss Janelle Kuhn,

Your **Stipulated documents/requirements** received on **14-Apr-2015**, was reviewed
Sincerely,

Clarissa Graham
REC Coordinator
Research Ethics Committee: Human Research (Humanities)

ANNEXURE E**RE: Toestemming om navorsing in Paarl/Wellington te doen**

Beste Janelle

Jammer dat ek nou eers antwoord, maar die laaste tyd het dit behoorlik dol gegaan!

Wat jou versoek om navorsing betref, gee ons hiermee toestemming dat jy binne die ACVV daarmee kan voortgaan. Die voorwaardes daaraan verbonde is dat (1) individuele maatskaplike werkers self kan besluit of hulle wil deelneem aan die navorsing al dan nie – hulle kan dus nie gedwing word nie – dit is vrywillig. (2) Jy word ook versoek om 'n opsomming van jou finale bevindinge en aanbevelings aan ACVV Hoofkantoor te voorsien na voltooiing van jou studies. Ons benut navorsingsbevindinge in die beplanning en rigtingbepaling van dienste.

Baie sterkte vir jou navorsing – en baie sukses daarmee.

Groete



Nicolette van der Walt

NASIONALE BESTUURDER: KINDERS & GESINNE

NATIONAL MANAGER: CHILDREN & FAMILIES

Sel/Cell: 071 880 1408

Tel/Ph: (021) 461 7437

E-pos / E-mail nicolette@acvv.org.za

PBO: 930004921

NPO: 002 834

*ACVV lewer maatskaplike dienste aan kwesbare kinders, gesinne, vroue en ouer persone/
ACVV renders social services to vulnerable children, families, women and older persons*

**• SAAM IN DIENS VAN DIE GEMEENSAP • TOGETHER IN SERVICE OF THE COMMUNITY •
• SIKUNYE KWIINKONZO ZOLUNTU • RE MMOGO MO DITIRELONG TSA LOAGO •**

VRYWARING: Die informasie vervat in die boodskap is konfidensieel en beskerm deur die reg. Dit is uitsluitlik aan die geadresseerde gerig en toegang daartoe deur enige ander party is ongemagtig. Die ACVV het sover moontlik gepoog dat die e-pos boodskap vry van enige virusse is. Die ACVV aanvaar geen verantwoordelikheid vir skade, verlies van inligting of uitgawes na aanleiding van die e-pos boodskap of aanhangsel nie. Baie dankie. ACVV

DISCLAIMER: The information in this message is confidential and legally privileged. It is intended solely for the addressee. Access to this message by anyone else is unauthorized. The ACVV has made every effort to ensure that the email is free of errors, virus, interception or interference. The ACVV does not accept liability for damage, loss, expense or otherwise from this message and/or any attachments. Thank you. ACVV

From: acvvwell@gmail.com [<mailto:acvvwell@gmail.com>]
Sent: 13 May 2015 13:54
To: headoffice@acvv.org.za
Cc: Janelle Kühn
Subject: Toestemming om navorsing in Paarl/Wellington te doen

Goeie middag Me. van der Walt

Ek is tans besig met my Meesters in Maatskaplike werk by Stellenbosch Universiteit en wil graag weet of ek toestemming by Me. of my streekkonsultant, Me. Mandy Williams moet kry om die ACVV takke in Paarl en Wellington te kan benader vir my onderhoude? Ek moet onderhoude met maatskaplike werkers voer wat ondervinding het in alkohol misbruik en wat al met gesinne gewerk het waar alkohol misbruik 'n groot probleem is. Ek heg ook my bewys aan wat se ek het toestemming van REC gekry om voort te gaan met my studies en wat ek ook graag sou wou vra aan elke maatskaplike werker.

Vriendelike Groete

Janelle Kühn

ACVV Wellington

Maatskaplike Werker

Sent from Windows Mail